

Please mail the following information to:

MABOU MINES/SUITE
RESIDENT ARTIST PROGRAM
150 FIRST AVENUE
NEW YORK, NY 10009

*Discipline
(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> VISUAL ARTS | <input type="checkbox"/> DANCE |
| <input type="checkbox"/> INSTALLATION ART | <input type="checkbox"/> THEATER |
| <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> PERFORMANCE ART |
| <input type="checkbox"/> DIGITAL ART | <input type="checkbox"/> DIRECTING |
| <input type="checkbox"/> DIGITAL ANIMATION | <input type="checkbox"/> PLAYWRITING |
| <input type="checkbox"/> MOVEMENT | <input type="checkbox"/> POETRY |
| <input type="checkbox"/> CHOREOGRAPHY | <input type="checkbox"/> MULTI-MEDIA |

Artist Information

PRIMARY ARTIST'S NAME

PRIMARY COLLABORATORS (IF APPLICABLE)

COMPANY (IF APPLICABLE)

ADDRESS

PHONE #

EMAIL ADDRESS

See questions on following pages. Additionally, please include your resume and the resumes of your main collaborators (if any).

*Project Description
(500 word max):*

What you hope to accomplish during the Residency (500 word max):