

REGISTRATION SHEET - Residence in CourCommune

To be sent completed with the other documents of the file

NAME :

FIRST NAME :

GENDER :

DATE AND PLACE OF BIRTH :

NATIONALITY :

FAMILY STATUS :

ADRESS :

TELEPHONE :

E-MAIL :

WEB SITE :

ARTISTIC FIELD :

INTITULE DU PROJET :

WISHED PERIODS (2 weeks minimum, 3 months maximum)

1st choice :

2nd choice :

If you have a chronic condition, be sure to bring your prescriptions and medications with you and let us know. We will be happy to help you.

.....

ACCOMPANYING

Please provide valid identification and proof of insurance and health coverage.

NAME :

FIRST NAME :

GENDER :

AGE :

OTHER PARTS TO BE PROVIDED

- a short text explaining your project and your reason for wanting to come to the Maison de CourCommune
- your CV and a few lines on your process illustrated by a maximum of ten photographs.
- a copy of your identity document and a health insurance certificate.