

GATEWAY THEATRE ARTIST-IN-RESIDENCE REGISTRATION FORM A

(Please fill in and submit)

Today's date:							
ARTIST INFORMATION							
Artist's First name:				<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss		
				<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.		
Last:	Middle:	(Former name):		Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
				/ /			
Street address:			Zip Code:		Home phone no.:		
Mobile Number:	NRIC Number:		Email Address:		Languages Spoken:		
Occupation:	Current Employer(If Any):			Employer phone no.:			
Chose Residency Programme because/Referred to Residency Programme by:							
FIELDS OF SPECIALISATION							
Please Indicate if you have attached Form B?							
Please indicate if you have included your CV, Biography and Headshot?							
Please indicate if you have attached your Project Proposal?							
Is this work a new work or existing work? <input type="checkbox"/> Existing <input type="checkbox"/> New							
Please indicate which space at Gateway Theatre you are interested in using to stage your work: <input type="checkbox"/> Black Box <input type="checkbox"/> The Gallery <input type="checkbox"/> Sky Garden <input type="checkbox"/> Dance Studio <input type="checkbox"/> Studio 1							
Please indicate if you have attached a preliminary schedule of work to be carried out:							
Please sign in the space provided to indicate your consent in allowing Gateway Theatre to access the information provided							
Signed:				Date:			

By filling in/signing this form you are agreeing to allow Gateway Theatre to contact your assigned Mentor(s).

Today's date:

FORM B - MENTOR INFORMATION

Mentor's First name:

Mr. Miss
 Mrs. Ms.

Last:

Middle:

Company Name:

Contact Number:

Email address:

MENTOR INFORMATION

Mentor's First name:

Mr. Miss
 Mrs. Ms.

Last:

Middle:

Company Name:

Contact Number:

Email address:

I do not have access to a Mentor. I would like Gateway Theatre to provide me a mentor:

I, (name) verify the above information is true. I give Gateway Theatre permission to contact the above Mentors for the purpose of Gateway Theatre Artist-In-Residence Programme.

Signed:

Date: