

**VERDECOPRENTE Re.Te. 2017**  
**Creative artistic Residences on the territory**  
(from may to november 2017)

**APPLICATION FORM**

to be sent mail to the address [verdecoprente@gmail.com](mailto:verdecoprente@gmail.com)  
**within the hours 24.00 of the day March 08 th 2017**

The subscriber,

name surname    date of birth

in his capacity of (legal representative, member, other) requests to participate at the selection. For this purpose he/she provides the following data and material:

- GROUP NAME

Names and surname of the other members

- COMPLETE ADDRESS (street, city, postcode, country, state)

Telephone

Email address

– Website

The Company/Artist/Group is legally registered (Association, Cooperative, Freelance, ecc)?

The Company receives public financing?

- INSERT URL video of the proposal, vimeo or youtube (with access code if necessary). The video has to imply an outline of the presented project, possibly rehearsals or other, of at least 10 minutes.

- PORTFOLIO: insert link to texts, photos, videos, related audios to projects completed during the last two years.

- INDICATE the duration of residence and the period required / preferred among those specified in the call.

- **ATTACH SUPPORTING DOCUMENTATION:**

**a)** Project description of max. 30 lines

**b) CURRICULUM VITAE** (of the group/ company and of every artist involved in the project)

**c) 3 Photographs** of the proposal jpeg 72 dpi. Indicate in captions: name of the group\_the author\_year of the photograph.

**d) Plan of technical requirements** (specify when the materials are required to the organization).

**e) contribution for entry of € 10.00 (ten) you can pay with:**

Transfer to the Ippocampo Association cc / or on-line payment via PayPal.

All indications to the site's page '[support verdecoprente](#)' - Specify reason: selections notice Verdecoprente \_Re.Te 2016.

- Payment's receipt

If the credit card is not registered with the artist's name it is mandatory to specify the name of the owner of the credit card in the application form. Fill out in case of application from:

- a natural person - associations – cooperatives – companies - professionals with VAT

Name and surname/Nome e Cognome - Group name

**Data of the legal representative/ member:**

last name and name

address

email, telephone, cell.

**Accepting the competition rules**

I agree to accept without reservation the rules of the Verdecoprente selection, the decision of the artistic direction, and I guarantee the truthfulness of the data contained herein.

Date and signature

**Contact**

artistic direction

Roberto Giannini + 39 327.2804920 - Rossella Viti + 39 339.6675815

Vocabolomacchia teatro.studio / associazione Ippocampo + 39 0744.902749

mail: [verdecoprente@gmail.com](mailto:verdecoprente@gmail.com) - [vocabolomacchia@gmail.com](mailto:vocabolomacchia@gmail.com)

website: verdecoprente - vocabolomacchia

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