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**CREATIVE SPACE**

Email this cover sheet with application to: info@fruitflycircus.com.au

|  |  |
| --- | --- |
| Name of Applicant – artist/group/company |  |
| Name of Contact Person |  |
| Contact Address |  |
| Contact Phone/Email | Phone:  |  |  |
| Email: |
| ABN if applicable: |  |
| Residency options:  | **1. Dates are fully flexible** (tick box) |
| **2. Preferred dates:**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **3. Only date option:**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| How many artists in your project/group/company? |  |
| **Project Title:** |  |
| **Signature:** | **Date:** |