

CONTACT Franz-Flemming-Str. 9 2nd floor D-04179 Leipzig

Represented by Martin Holz

WEB & PHONE

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tax number 232 / 232 / 16552



Local Participants Program

* Personal Information

Full Name: Date of Birth: Date of Application: Passportnumber:

* Address

Street: Post Code / City: Country: E-Mail:

* Please select your prefered duration time:

January – March July – September April - June October – December

* Year of prefered duration time:

*Do you want to rent our shared apartment?

Yes No

* Artist Informations

* My Discipline:

My Website:

Plans for the "Local Participants Program"

* Attachements

- * CV
- * Portfolio (*.pdf) or up to 10 images of work

Thank you for your application!

* This stuff / info is required.