



LITHUANIAN  
COUNCIL FOR  
CULTURE



CITY OF BERGEN



norden  
Nordic Culture Point



\*menų spaustuvė  
arts printing house

## Residency at Arts Printing House for Performing Artists

All info to be written in English

### Information about applicant:

|  |  |
|--|--|
| Name of applicant<br>(company/ensemble/<br>contact person) |  |
| Address  |  |
| Phone  |  |
| E-mail   |  |
| Web  |  |

### Request for the period of time and needs for the residency:

|   |  |
|---|--|
| Period of time (exact<br>dates, max. 4 weeks,<br>preferably May-August,<br>except administrators) |  |
| Requested premises  | a. Studio 2 <input type="checkbox"/> Date    |
|   | b. Studio 3 <input type="checkbox"/> Date    |
|   | c. Black Hall <input type="checkbox"/> Date  |
|   | d. Pocket Hall <input type="checkbox"/> Date |
| Requested daily<br>working hours  |  |

### Information about company/number of persons and the production:

|  |  |                                   |
|--|--|-----------------------------------|
| Project title (working<br>title)               |  |                                   |
| Total number of<br>travellers                  |  | Artistic genre                    |
| The travellers can stay in<br>double/twin room | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                   |
| Set design is brought<br>along                 | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, state the size and weight |

**Short description of the company AND the project (longer version to be attached):**

**Description of the intentions and the plan for the residency:**

**Description of how to involve local artists and/or community (workshop, open rehearsal, premiere, pre-premiere, follow up on earlier contacts, local events etc):**

**Specify your need for premises, equipments and technique (studio, stage, number of hours and days at each, tech spec and other requirements):**

**What are your expectations to the residency AND do you have former experiences with residencies:**

|  |
|--|
|  |
|--|

**Other:**

|  |
|--|
|  |
|--|

**For questions regarding the application or the pilot project, please contact:**

*Gintarė Masteikaitė*

**More informations regarding residency in the Arts Printing House, Vilnius:**

<http://www.menuspaustuve.lt/en/>

**Please return the completed application form and attachments to:**

[gintare@menuspaustuve.lt](mailto:gintare@menuspaustuve.lt)

**The person who has completed the form is responsible for ensuring that application data is correct and that any granted residency conducted in line with this.**

|  |  |
|--|--|
|  |  |
|--|--|

Date

Applicants name and surname