

## RESIDENCIES 2/2010 FROM AUGUST TO DECEMBER 2010

PACT Zollverein  
c/o Choreographisches Zentrum NRW  
Betriebs GmbH  
**Katharina Charpey**  
Bullmannau 20a, D-45327 Essen  
Fon +49 (0)201.289 47 12  
Fax +49 (0)201.289 47 01  
katharina.charpey@pact-zollverein.de  
www.pact-zollverein.de

From August to December 2010 PACT Zollverein is offering a residency programme for the development and realisation of projects and productions, which is open to professional artists from Germany and abroad working in the fields of dance, performance or media art. Awarded twice yearly by jury, residencies provide artists with rehearsal space and local accommodation. By arrangement and subject to requirement, PACT Zollverein also offers its residents technical support and advisory assistance with press and public relations and dramaturgy.

### **A residency CAN incorporate the following:**

- > Studio space (from 63 to 173 sq.m.)
- > Technical equipment (by arrangement and subject to availability)
- > Stage rehearsals with professional technical supervision and support (by arrangement and subject to availability)
- > Daily professional open class
- > Local accommodation in a guest apartment (maximum 6 people)
- > Professional advice in: project funding, project management, press and public relations

### **Please note:**

In general, a residency does not cover the payment of any fees, travel costs or per diems.

In general, a residency does not normally include a performance possibility at PACT Zollverein.

### **Your application must include:**

- > the completed application form
- > a short letter of motivation
- > a project description
- > a 10 line summary of your project description
- > curriculum vitae for everyone involved in the project
- > only 1 DVD/CD-ROM of your own work

Geschäftsführer: Dirk Hesse  
Registergericht: Essen HRB 13143  
Sitz der Gesellschaft: Essen  
Steuer Nr. 111/5704/1998  
USt. IdNr. DE 1967 94 362

Sparkasse Essen  
BLZ 360 501 05  
Konto 23 28 862

Choreographisches Zentrum NRW wird  
gefördert vom Ministerpräsidenten des  
Landes NRW und der Stadt Essen

Tanzlandschaft Ruhr ist ein Projekt der  
Kultur Ruhr GmbH

# pact

**ZOLLVEREIN**

performing arts  
choreographisches zentrum nrw  
tanzlandschaft ruhr

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**Closing date for applications: 15th of January 2010** (post-marked)

**Please do not send your application by registered post or by email!**

All complete applications will be considered and replied to in writing.

Residents are selected by a panel.

Please note that we can unfortunately not return your application material to you.

**Further Information:**

katharina.charpey@pact-zollverein.de

Tel.: 0049-(0)201-289 47 12

Fax: 0049-(0)201-289 47 01

www.pact-zollverein.de

**Please send the application BY POST to:**

PACT Zollverein

Residenzen

Katharina Charpey

Bullmannaue 20a

D-45327 Essen

The Choreographisches Zentrum NRW is supported by

The Minister President of the state of North Rhine-Westphalia, NRW and the city of Essen.

Tanzlandschaft Ruhr is supported by the Kultur Ruhr GmbH.

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## APPLICATION FORM RESIDENCIES 2/2010 FROM AUGUST TO DECEMBER 2010

**Closing date for applications: 15th of January 2010** (post-marked)

Please fill out the form on your computer by clicking your way from box to box.

Please then print out the completed form and send it to the above address **by post**.

### Applicant

Name \_\_\_\_\_ First name \_\_\_\_\_  female  male

Profession \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

Telephon \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

URL / website \_\_\_\_\_

### I have included the following material with my application:

- a short letter of motivation
- a project description
- a 10 line summary of my project description
- curriculum vitae for everyone involved in the project
- 1 DVD/CD-ROM of my own work

Date \_\_\_\_\_ Signature \_\_\_\_\_

#

**Requested requirements Residencies 2/2010**

Name \_\_\_\_\_ First name \_\_\_\_\_

**Studio/rehearsal space**  yes  no

**Technical stage rehearsals (subject to personal arrangement and availability)**

yes \_\_\_ Days (max. 5)

technical assistance for sound  yes  no

technical assistance for lighting  yes  no

**Requested period of residency**

\_\_\_ days or \_\_\_ Weeks

from \_\_\_\_\_ until \_\_\_\_\_ (00-00-0000)

from \_\_\_\_\_ until \_\_\_\_\_ (alternative period of residency)

**Other people involved in your project**

Name	First name	Project Role/Function
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Accommodation**

Would you require local accommodation in a guest apartment?

yes  no When yes, for how many people? (max. 6 people) \_\_\_\_\_

**Other institutions involved in your project**

Co-operation partner \_\_\_\_\_  
\_\_\_\_\_

Project funding from \_\_\_\_\_  
\_\_\_\_\_

**Premiere (venue & date if applicable)**

\_\_\_\_\_

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Date \_\_\_\_\_ Signature \_\_\_\_\_