



ARTSCAPE

REGENT PARK ARTS & CULTURAL CENTRE

STUDIO OPERATOR

APPLICATION FORM

Type in your information below, **RESAVE** the document to your desktop (i.e., MYNAME.doc)
 Send **ONE** original copy and **ONE** electronic copy of the Application Form with signatures, along with your
 Proposal submission, Vision for the Space Form and Supporting Documents **by July 22 at 10:00am** to:
 Saara Siddiqi, Stakeholder Relations Manager, **Mail:** Artscape, 171 East Liberty Street, Suite 224, Toronto, ON M6K 3P6.
Email: saara@torontoartscape.on.ca

PRIMARY CONTACT INFORMATION			
PRIMARY CONTACT NAME			
TITLE			
ORGANIZATION			
STREET ADDRESS			
CITY		PROVINCE	
POSTAL CODE		TELEPHONE	
EMAIL			
WEBSITE			
NOT-FOR-PROFIT/ CHARITABLE REGISTRATION #		YEAR OF INCORPORATION	

CURRENT SPACE			
SIZE OF CURRENT SPACE	sq. ft.	NET ANNUAL RENT	\$

LIST OF ARTISTIC DISCIPLINES IN PRIORITY		
1.	2.	3.

APPLICATION CHECKLIST				
Your Proposal should include:				
<input type="checkbox"/> Organization History and Experience	<input type="checkbox"/> Statement of Interest and Experience	<input type="checkbox"/> Vision for the Space Form <i>(separate attachment)</i>	<input type="checkbox"/> Financials	<input type="checkbox"/> Supporting Documents

SIGNATURES			
SIGNING OFFICER NAME & TITLE		SIGNATURE	
SIGNING OFFICER NAME & TITLE		SIGNATURE	