

Studio space application

Artist name(s): Address: Mobile Phone:					
		Landline:			
Website: Email:		Twitter/Facebook:			
Is your practi	ce:	business/professional	personal/research	other (delete as necessary)	
Please descr	ibe your practic	:e:			
Please expla	in why you wou	Id like to join Oxheys:			
Please descr	ibe how you wo	ould like to use the studio	space and any activi	ties you wish to run:	
		imence:			
-					
Do you expect to occupy your space: Do you expect to occupy on a regular basis: Are you able to commit to regular occupancy:			daily weekly m	evenings/weekends only onthly 'as and when' <i>(delete as necessary)</i>	
Please descr	ribe the skills or	activity you would be able	e to contribute as pa	t of the collective:	
Please use a	a separate shee	t if necessary to complete	your application.		
Key deposit:		posit of £20 is payable in advance*.			
Rent: Utilities:	Costs are shar by standing or and revised pe	h's rent is payable in advance* and on the 1st of each month thereafter by standing order. shared equally. The equivalent of one month is required in advance* and monthly thereafter g order. The amount will be adjusted according to consumption and number of artists sharing d periodically. Excess costs are shared equally by all members. by de a copy of your insurance certificate providing Public Liability insurance			
Insurance:				-	
-		o which all residents becc			
-	nply with the Ho	ouse Rules as they current		be amended in the future	
Signed:	date:				
*These amount		ash or cheque made payable to Oxheysmill		om	