## SOULCES 5

## **Application Form**

## Sources 2 Script Development Workshop & Sources 2 Compact

Title of the project						
	Feature film project	Documenta	iry project			
Name of the writer					Ms	Mr
Nationality			Date of birth			
Languages spoken						
Address						
Postal code		City		CountryÁ	۱	
Phone / Mobile			ÒËT æ af _			
Committed team membe	r applying Yes	No	Function (co-write/dired	ctor/producer)		
Name					Ms	Mr
Nationality			Date of birth			
Company / Address						
Postal code		City		CountryÁ	۱ <u> </u>	
Phone / Mobile			ÒË zaj			
Production companies, broadcasters and/or other professional bodies attached						
Did you apply for other training/development programmes? Yes No						
Which programme(s)?						
Application documents are submitted as indicated on the Sources 2 webpage.						
I agree with the Sources 2 guidelines as indicated on the Sources 2 webpage.						

Please send the complete digital application file to: info(at)sources2.de