art venture ehime fes 2025 / Open Call Application Form

**Tobemori+ Area – Ehime Prefectural Tobe Zoo Zone**

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| --- | --- |
| Applicant ProfileIf applying as a group, please clearly state the group name and the full names of all members. | Name of Representative： |
| Date of Birth: Year / Month / Day (Age: )□I consent to the application submitted by the above minor.(Guardian’s Name:　　　　　　　　　　　　Relationship to Minor:　　　) |
| Group Name： |
| Names of All Participants： |
| Title of the Work (Tentative Title Accepted) |  |
| Work Overview and Concept ImagePlease describe your work in a way that conveys the final image.Hand-drawn sketches or photographs alone are also acceptable. |

01

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**Tobemori+ Area – Ehime Prefectural Tobe Zoo Zone**

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| Concept, Additional Information, Notes, etc. |

02

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**Tobemori+ Area – Ehime Prefectural Tobe Zoo Zone**

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| If you have any additional information or messages you would like to share, please fill them in on this page. |

03

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**Tobemori+ Area – Ehime Prefectural Tobe Zoo Zone**

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| --- | --- |
| Please mark your preferred exhibition/presentation location with a circle (◯). | A\_Former Indian Elephant House – OutdoorB\_Former Indian Elephant House – Indoor |
| Please specify the materials, techniques, dimensions, equipment used, power requirements, weight, installation method, etc. |  |
| Applicant’s Brief BiographyPlease include your educational background, career history, awards, and other relevant information. |  |

●If you attach reference videos (e.g., YouTube) to your application form, please ensure that the total playback time does not exceed 15 minutes.

●Please convert your application form into a PDF file and submit it via the designated form.

●Any materials other than this application form will not be accepted under any circumstances.

|  |
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| Submission Period: Friday, April 25 – Sunday, June 22, 2025, 23:59 (JST)Submission Destination：https://forms.gle/bbsi7Woktq2Wmfby5 |

|  |  |
| --- | --- |
| For Office Use Only | Application Number　　　　　　　　　　　　　　　　Date of Receipt　　　　　 |

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