## NPO SAORI-HIROBA Application for the SAORI Leader's Committee

Date:

		Date.		
Name			photo	
*need the signature	(E)			
D: 41				
Birth				
(y/m/d)				
Referee				
(SARICO)	印			
*need the signature				
SAORI-kai		How many years		
(If you are		have you experi		
a member)		enced SAORI?		
Address				
Tel.				
Email				
Experiences as an instructor				
The studio where you received the SAORI training:				
How long did you receive the SAORI training there?:				
Have you instructed SAORI weaving before?:				
If you are Yes, please tick ✔ □ opened your own studio □ instructed at an art center				
□ instructed at a	n institution for people with disabilities			
$\Box$ other (				
Your records of exhibitions etc.				

Office use only:	reception date:	approval date:
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## Questionnaire

Please answer the following questions. 1. About your SAORI experiences. 1) The total number of your works (How many you have warped?): (approx.) 2) Which kind of genre you have woven most?: 3) Your favorite articles (Please tick 🗸 less than 2) □Sash, Kimono  $\Box$ Tapestry  $\square Scarf$  $\Box$ Clothes □Bag, small articles □Other ( ) 2. Please describe how you were introduced to SAORI and your impression of SAORI (approx. 400 words)