Print Form

ALABAMA DANCE SHOWCASE
APPLICATION FORM

Instructions: Complete and return this form with a sample video by October 15.

NAME OF COMPANY:			
CONTACT PERSON:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:	FAX:	EMAIL:	
TITLE OF VIDEO SELECTION (Please cue tape or indicate track number):			
CHOREOGRAPHER:			
DESCRIPTION OR HISTORY OF COMPANY (or send press kit):			
ARTISTIC DIRECTOR'S BIO (or include in press kit):			
PERFORMANCE HISTORY OR AWARDS AND EVENTS:			

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