

ARIZONA DANCE FESTIVAL SUBMISSION DESCRIPTION

Please submit this form with your audition DVD or VHS

Company Name _____ Date _____

Contact Person/Job Title _____ Phone _____

Description of the Piece

Title of the Piece _____ Length _____

Choreographer(s) _____

Music/Composer _____

Lighting Designer _____

Costume Designer _____

Stage Manager _____

Dancers _____

Dance Genre _____

Circle one: Lyrical Abstract Comical Dramatic Traditional Other _____

Please give a brief, creative description of your piece for the press releases and/or program notes.

Technical Requirements

Lighting Requirements _____

Prop/Set Requirements _____

A/V Requirements (The choreographer /company are responsible for copyright rules.)

Please circle: CD DVD Live Other _____

Performance Date Preference (indicate 1st, 2nd, 3rd choice)

_____ Thursday, October 9 at 7:30pm _____ Friday, October 10 at 7:30pm

_____ Saturday, October 11 at 7:30pm _____ Either Date/No Preference