



american dance festival

# Experience Dance Application Form

## ORGANIZATION INFORMATION

Organization Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Briefly describe the service(s) that your organization provides:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would your group directly benefit from this experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TICKET REQUESTS

1<sup>st</sup> Choice: \_\_\_\_\_  
Company Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_  
Company Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_  
Company Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

# Tickets Requested: \_\_\_\_\_

Please submit form no later than two weeks prior to performance date. All groups must be chaperoned and provide their own transportation.

**Return this form to:** Mollie O'Reilly, Performances & Community Programs Coordinator  
American Dance Festival, Box 90772, Durham, NC 27708  
office: 919-684-6402 | fax: 919-684-5459 | moreilly@americandancefestival.org