



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

1st Choice:

Company Name

Date

Time

2nd Choice:

Company Name

Date

Time

3rd 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: Sarah Bowdoin, Marketing and Audience Services Associate
American Dance Festival, Box 90772, Durham, NC 27708
office: 919-684-6402 | fax: 919-684-5459 | sbowdoin@americandancefestival.org