



american dance festival  
www.americandancefestival.org

## EXPERIENCE DANCE 2008 Application Form

Organization Name:	Date Submitted:
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Mailing Address:	City	State	Zip
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Contact Person: Telephone:	Email:
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First Choice Performance: (Include Date and Time)
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Second Choice Performance: (Include Date and Time)
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Third Choice Performance: (Include Date and Time)
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# Tickets Requested:
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Briefly describe the services that your organization provides:
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Please describe how your group would directly benefit from this experience?
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Email, FAX or mail to: ADF, Box 90772, Durham, NC 27708 ATTN: Molly Brown  
Tel: 919-684-6402 FAX: 919-684-5459 EMAIL: mbrown@americandancefestival.org

**Forms must be received no later than May 15, 2008**

**ALL GROUPS MUST BE CHAPERONED AND PROVIDE THEIR OWN TRANSPORTATION**