



american dance festival  
www.americandancefestival.org

## EXPERIENCE DANCE Application Form

Organization Name:

Date Submitted:

Mailing Address:

City

State

Zip

Contact Person:

Telephone:

Email:

First Choice Performance:  
(Include Date and Time)

Second Choice Performance:  
(Include Date and Time)

Third Choice Performance:  
(Include Date and Time)

# Tickets Requested:

Briefly describe the services that your organization provides:

Please describe how your group would directly benefit from this experience?

**Email, FAX or mail to: ADF, Box 90772, Durham, NC 27708 ATTN: Sarah Tondur  
Tel: 919-684-6402 FAX: 919-684-5459 EMAIL: [tondu@americandancefestival.org](mailto:tondu@americandancefestival.org)**

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