



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

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: Megan Yankee, Marketing and Audience Services Assistant
American Dance Festival, Box 90772, Durham, NC 27708
office: 919-684-6402 | fax: 919-684-5459 | megan@americandancefestival.org