



APPLICATION TO PERFORM 2009

International Youth Arts Festival 3rd – 12th July 2009

Company Name:	Company Contact:
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Address:	Phone (Work):
	Phone (Mobile):
	Fax:
	E-mail:
Title of Show:	Website:

Type of Show (Please tick)	Theatre	Comedy	Dance	Music	Other
Number of Performers					
Age of Performers					
Is your performance designed for a specific age range?					
Please write a 75 word summary of your performance (Attach separate sheet if necessary)					

Running Time:	Preferred Performance time:	Preferred Dates:			
Venue Choice (Please tick)	Rose Main Auditorium	Rose Studio	Rose Gallery	Rose Culture Cafe	Your own Venue

Technical Requirements of Show (Attach separate sheet if necessary)	
Enclosed: (circle)	Office use only
Photos	DVD/Video
CD	Script
Application No:	
Date Received:	
E-mail confirmation sent:	
WE CAN RETURN THESE TO YOU IF YOU INCLUDE A SAE	