



# APPLICATION TO RUN WORKSHOPS 2009

International Youth Arts Festival 3<sup>rd</sup> – 12<sup>th</sup> July 2009

|               |                  |
|---------------|------------------|
| Company Name: | Company Contact: |
|---------------|------------------|

|                   |                 |
|-------------------|-----------------|
| Address:          | Phone (Work):   |
|                   | Phone (Mobile): |
|                   | Fax:            |
|                   | E-mail:         |
| Name of workshop: | Website:        |

|   |         |             |       |       |          |       |
|---|---------|-------------|-------|-------|----------|-------|
| Type of Workshop<br>(Please tick)   | Theatre | Multi Media | Dance | Music | Carnival | Other |
| Number of workshop leaders  |         |             |       |       |          |       |
| Maximum number of participants  |         |             |       |       |          |       |
| Is your workshop designed for a specific age range?   |         |             |       |       |          |       |
| Please write a 75 word summary of the type of workshop you would like to run (Attach separate sheet if necessary) |         |             |       |       |          |       |

|                               |                           |                    |              |                   |                |               |
|-------------------------------|---------------------------|--------------------|--------------|-------------------|----------------|---------------|
| Workshop length:              | Preferred workshop date/s | Cost per workshop: |              |                   |                |               |
| Venue Choice<br>(Please tick) | Rose Main Auditorium      | Rose Studio        | Rose Gallery | Rose Culture Cafe | Your own Venue | No preference |

Technical Requirements of workshop. Please list any equipment which the festival must supply for you to run your workshop (tables, chairs, power points etc) (Attach separate sheet if necessary)

|   |                           |
|---|---------------------------|
| Enclosed: (circle)                              | Office use only           |
| Photos  | Application No:           |
| DVD/Video                                       | Date Received:            |
| CD  | E-mail confirmation sent: |
| Script  |                           |
| WE CAN RETURN THESE TO YOU IF YOU INCLUDE A SAE |                           |