

Your Performance Form



Part 1. Event organiser's contact details

Name	
Postal address	
Daytime telephone number	
Email address	
Website	

How would you describe yourself? (Please tick all that apply)

- | | | | |
|---------------------------------|-----------------------|------------------------------------|-----------------------|
| Dance teacher in school | <input type="radio"/> | Community Dance Practitioner | <input type="radio"/> |
| Partnership Development Manager | <input type="radio"/> | Local Authority Arts/Dance Officer | <input type="radio"/> |
| School Sports Coordinator | <input type="radio"/> | Dance Programmer | <input type="radio"/> |
| Youth Dance Group Leader | <input type="radio"/> | Other _____ | |

Part 2. Your performance information

Event Name	
Venue	
Date(s)	
Time(s)	
Ticket prices (including concessions)	

Who are the participants in your dance performance? (Tick all that apply)

- | | | | |
|---------------------------|-----------------------|----------------------------------|-----------------------|
| Primary School Children | <input type="radio"/> | Private dance school groups | <input type="radio"/> |
| Secondary School Children | <input type="radio"/> | Out of school youth Dance groups | <input type="radio"/> |

Please name the schools that are taking part (continue on a separate sheet if necessary):

Name of School	Postcode

