|  |  |
| --- | --- |
|  | WerelddansfestivalSchagen |

# Participation Application form

## Group Information

|  |  |
| --- | --- |
| Full name of the group: |  |
|  |  |

|  |  |
| --- | --- |
| Art director: |  |

|  |  |
| --- | --- |
| Group leader: |  |

|  |  |
| --- | --- |
| Artistic category: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Number |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State/Province | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |
| Mobile: |  |  |  |

## Group Description

|  |  |
| --- | --- |
| Foundation: |  |

|  |  |
| --- | --- |
| Special aspects of your group (dances, instruments, costumes): |  |
|  |

|  |  |
| --- | --- |
| Experiences: |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Did you organize a festival? | YES[ ]  | NO[ ]  |  |
| If yes, explain: |  |

|  |  |
| --- | --- |
| Other group information: |  |

## References

Please list any recent festivals (in Europe).

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| --- |
|  |
|  |

Videos (for example, links to YouTube movies).

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|  |

Please add some photos of your group performances to your application. (attached to the email sending this from)

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|  |

## Composition of your group

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Age | < 16 Years | 16<18 Years | 18<40 Years | > 40 Years | Total |
| Dancers | Male |  |  |  |  |  |
|  | Female |  |  |  |  |  |
| Musicians | Male |  |  |  |  |  |
|  | Female |  |  |  |  |  |
| Singers | Male |  |  |  |  |  |
|  | Female |  |  |  |  |  |
| Directors | Male |  |  |  |  |  |
|  | Female |  |  |  |  |  |
| Drivers | Male |  |  |  |  |  |
|  | Female |  |  |  |  |  |
| Others? | Male |  |  |  |  |  |
|  | Female |  |  |  |  |  |
| Total |  |  |  |  |  |  |

Please note:

- The participation of young members below the age of 18, must be accepted by the organizer.

- We prefer groups of approximately 30 persons.

## Other information

Please add other important information that we should know as organizer of the festival. For example, special food requirements, state of health of group members or officials.

|  |  |
| --- | --- |
| Other comments: |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you accept the Participation Rules? | YES[ ]  | NO[ ]  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

*Please be aware: when you submit your application, we do not guarantee any approval.*

*We will contact you within one month after your application.*