

COMMUNITY DEVELOPMENT DEPARTMENT
Ministry of Community Development and Culture

COMMUNITY DANCE FEST (CDF)
ENTRY FORM

Please read Rules & Regulations carefully before completing Part I and Part II

PART I

GROUP INFORMATION

- A. NAME OF GROUP:
- B. SIZE OF GROUP (Please tick):
 - Small (3 – 10 persons)
 - Medium (11 – 15 persons)
 - Large (16 – 20 persons)
- C. PLEASE INDICATE PERSON OR ORGANISATION TO RECEIVE PAYMENT:
 - 1. PERSON/ORGANISATION.....
 - 2. ADDRESS:
 - 3. I.D. OR VAT NO
 - 4. TEL. NOS. (1) (2)..... (3).....
 - 5. EMAIL:
- D. GROUP LEADER:
- ADDRESS:
- TEL. NOS. (1) (2)..... (3).....
- EMAIL:
- E. BIOGRAPHY OF GROUP:
-
-
-
-
- F. APPROX. YEARS OF EXPERIENCE OF GROUP:

P.T.O

PART I

Entries must be submitted to:

**The Coordinating Officer
Community Development Department
4TH Floor Warrens Office Complex
Warrens, St. Michael**

The envelope must be clearly marked "**Community Dance Fest**"

Entry Forms must be delivered to the Community Development Department **no later than 4:30 p.m. on November 6, 2009.**

I.....confirm that I have read and accept the Rules governing the Community Dance Fest.

Signed **Received**
Applicant / Agent **Official**

Date **Date**

COMMUNITY DEVELOPMENT DEPARTMENT
 Ministry of Community Development and Culture

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PART II

PERFORMANCE

A. TITLE OF CHOREOGRAPHY:

1. NAME OF CHOREOGRAPHER:.....

2. CATEGORY (Read Rules & Regulations):

3. SYNOPSIS:

.....

.....

.....

.....

4. WHAT ARE THE MAIN ELEMENTS CONTAINED IN YOUR PIECE

- | | | | |
|---|--------------------------|-----------------------------|--------------------------|
| Contemporary (Modern) Dance | <input type="checkbox"/> | African Dance – Traditional | <input type="checkbox"/> |
| African Dance – Renaissance or Contemporary | <input type="checkbox"/> | Ballet | <input type="checkbox"/> |
| Ballroom Dance | <input type="checkbox"/> | Caribbean Folk Dance | <input type="checkbox"/> |
| Dance Based Cheer Leading | <input type="checkbox"/> | Jazz / Street Dance | <input type="checkbox"/> |
| Square Dance | <input type="checkbox"/> | Tap Dance | <input type="checkbox"/> |
| Other (Please State)..... | <input type="checkbox"/> | | |

B. ACCOMPANIMENT:

1. MUSIC SPOKEN WORD OTHER

IF OTHER, PLEASE STATE.....

2. TITLE (of Accompaniment):

3. NAME OF PERFORMER(S).....

.....

4. COMPOSING YEAR:

5. PROPS & SET DESIGNER:

- 6. COSTUME & DESIGNER:
- 7. COSTUME MAKER (if different from above):
- C. TECHNICAL REQUIREMENTS:
-
-

Entries must be submitted to:

The Coordinating Officer
Community Development Department
4TH Floor Warrens Office Complex
Warrens, St. Michael

The envelope must be clearly marked “**Community Dance Fest**”

Entry Forms must be delivered to the Community Development Department **no later than 4:30 p.m. on November 13, 2009.**

I.....confirm that I have read and accept the Rules governing the Community Dance Fest.

Signed **Received**
Applicant / Agent **Official**

Date **Date**