



cascadeyouthplatform

Sunday 30th May 2010, Trinity Theatre Tunbridge Wells, Kent

Participant Application Form

Group Name:			
Address:			
Contact Name:			
Contact Number:			
Contact Email:			
Please note: Only 1 dance piece per group entry / Maximum 6 minutes per piece			
Title of piece:			
Choreographer:			
Length:		Style:	
Description of piece:			
Music:			
Number of Dancers:	Female:	Male:	
Names of Dancers: (in block capital)			

Please return to **Cascade Dance, Colebrook House, 215a Upper Grosvenor Road, Tunbridge Wells, Kent, TN1 2EG** OR email to sam@cascadedance.co.uk by **FRIDAY 23rd April 2010**



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Please state if any of your dancers need any special requirements:

Do you use props? If yes please describe where and when, will you provide these?

Please state any lightning/ technical requirements (spotlight, strobe, smoke machine)

Any extra information we need to know about?

Just for us, How did you find out about the Dance Platform?

Did you take part in the platform last year?