

2010 San Francisco Ethnic Dance Festival

AUDITION DESCRIPTION/APPLICATION FORM #1

***Required fields**

1. Name of company/soloist: _____ *

2. Name of individual paying application fee: _____ *

3. Contact person for all correspondence with *Festival* staff:

Name: _____ *

Title: _____

Mailing Address: Street _____ *

Mailing Address: City _____ *State _____ *Zip Code _____ *

Telephone: Day _____ * Evening _____ *

Fax: _____ Cell: _____

E-mail: _____ Website: _____

Can we give the above information to other presenters for referral requests?

Yes No

Have you participated in the *San Francisco Ethnic Dance Festival* before?

Yes No

If so, please indicate when: _____

4. National/ethnic/cultural identity of the audition piece: _____

Region of Dance Origin: _____

Dance Genre: _____

5. Auditioning as a:

Soloist (time limit = 5 minutes)

Group (time limit = 10 minutes)

6. Number of dancers: _____ Number of musicians: _____

7. Do the men and women in your company require separate dressing rooms?

Yes No

Total number of men (including musicians & dancers): _____

Total number of women (including musicians & dancers): _____

8. Company has:

live music:

recorded music: on cassette on CD

Taped music must be of good quality, labeled with the name of your company only on the side on which it should be played, and cued to correct starting position. Label CD with company name and track number to be used.

9. Indicate your preferred audition dates and time slots.

PLEASE INDICATE YOUR 1ST, 2ND & 3RD CHOICES.
TWO **SEPARATE** CALENDAR DATES **MUST** BE SELECTED FOR YOUR APPLICATION TO BE ACCEPTED. *

DATE	TIME SLOT	PREFERENCE		
		1st Choice	2nd Choice	3rd Choice
Saturday, January 16, 2010	11 am – 2 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday, January 16, 2010	3 pm – 7 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday, January 17, 2010	11 am – 2 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday, January 17, 2010	3 pm – 7 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday, January 23, 2010	11 am – 2 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday, January 23, 2010	3 pm – 7 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday, January 24, 2010	11 am – 2 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday, January 24, 2010	3 pm – 7 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Is there any weekend of the four *Festival* performance weekends in June 2010 when you or your company will NOT be available?

If so, please indicate: _____

AUDITION DESCRIPTION/APPLICATION FORM #2

Instructions

Please answer each question completely and thoroughly. This information helps the panel to evaluate your performance and may clarify their understanding of your dance style, your piece, and/or your intentions. In addition, this information will also be used in the *Festival Program Book* if you are selected to perform. Please check all proper name spellings.

Background Information

- 1. Title(s) of audition dance piece(s) and a brief description of each.**
- 2. Please provide general background information about the cultural tradition that the dance(s) come(s) from. Include how and why it/they came to be.**
- 3. When was the piece(s) created? Who is the original choreographer? When was it set for this audition stage presentation?**
- 4. Has your company performed this piece in public before? When? Where?**
- 5. Describe the artistic, historic, or symbolic significance of the costumes, regalia, masks, jewelry, props, colors, etc. Are there any props that you will not use at the Auditions but would use at the *Festival*?**
- 6. Describe any features of the music or musical instruments that bear on our understanding of the piece and its social context.**
- 7. Please include a brief translation of the song lyrics that accompanies your piece that would illuminate some aspect of the presentation, if appropriate.**
- 8. What county in California is the company based in? (Where artistic director or majority of members reside.)**
- 9. Dance company's rehearsal days and times: Address and city where dance company rehearses:**
- 10. How, with whom, and where did you (artistic director and company members) learn the dance?**
- 11. Please provide background information about your company. When did it form? Why?**
- 12. Please list in alphabetical order the full names of the dancers and musicians in your company along with the instruments they will be playing, if any.**

AUDITION DESCRIPTION/APPLICATION FORM #3

Length of performance: _____ minutes

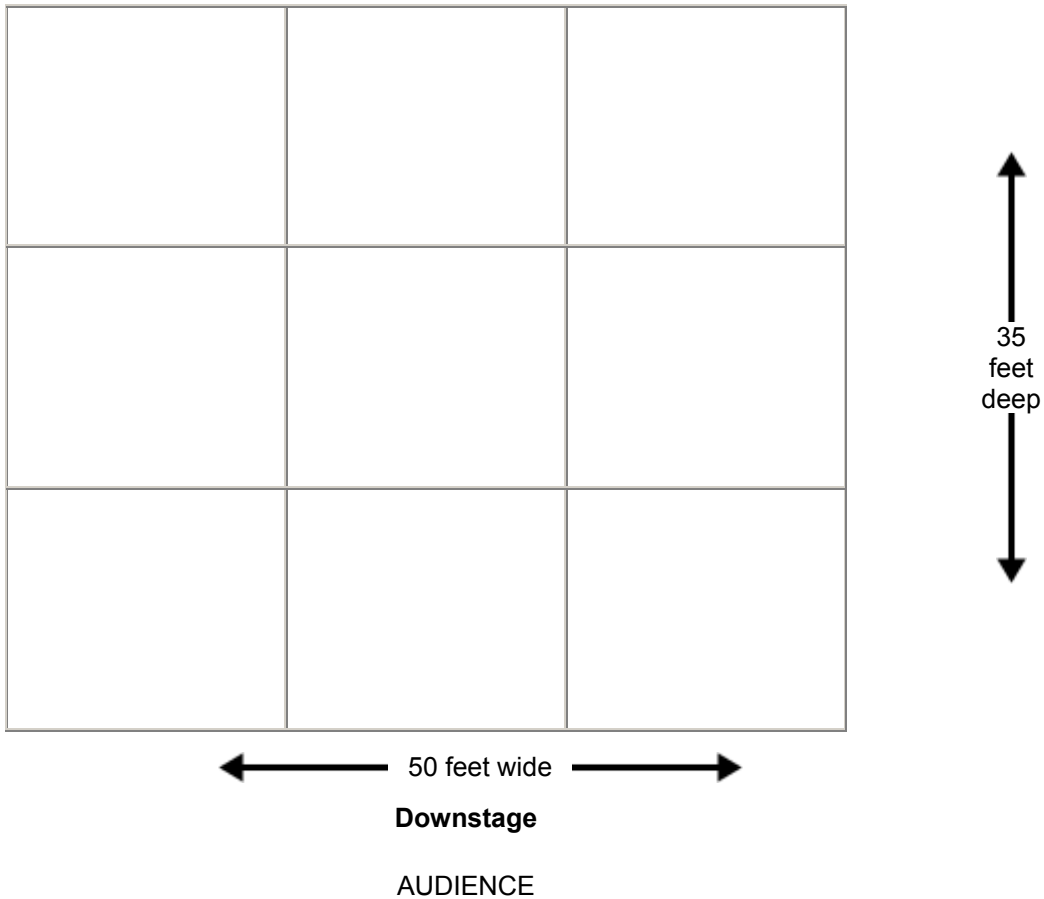
Instructions

- Mark the location of each musician by typing "M" in one of the 9 boxes for their approximate location.
- Label each "M" with the abbreviations "MIC#1", "MIC#2", etc. (if needed). Maximum 6 microphones.
- Label each "M" with the name of the instrument.
- Write "Chair" next to each "M" if the musician needs one. Example: M - MIC#1, Flute, Chair
- Indicate the placement of stage props, if any (e.g. table, tree, arch, etc), by typing "P" and the type of prop in one of the nine boxes for their approximate location. Example: P - Table

STAGE DIAGRAM

Upstage Right

Upstage Left



Additional Stage Diagram Comments:

- I/we would like audition panelists' feedback. (Please submit an additional \$10 panelists' feedback fee)
- No panel comments, thanks.
- If you are not performing with live music and do not require props preset, please check this box.