

SAN JOSE INTERNATIONAL PERFORMING AND VISUAL ARTS FESTIVAL DANCE COMPETITION/SHOWCASE APPLICATION FORM

Name of the Dance:	
Please choose the Category: Competition _____ Performance Showcases _____	
Name of the Choreographer:	
Name of the School / Company:	
Address:	
Telephone:	Fax:
Fax:	E-mail:
Name of the Instructor:	
Contact Information:	
Cell Phone:	Email:
Please check your age group:	
A () B () C () D () E ()	
Please check your division:	
Solo () Small Group 2 – 5 () Large Group 6 or more()	
Name of the Dancers: (please use a separate sheet for large group)	
Please check one of the dance style:	
Classical () Traditional () Modern () Hip – Hop () Folk Dance () Jazz () Latin () Drama and Theatre ()	
Please check one of the following: Competition () Performance Showcase ()	
Competition: \$100 Performance Showcase: \$45 Enclosed Amount: _____	
Please payable to: Arts Council San Jose	
Mailing Address: 72 N. 5 th Street, San Jose, CA 95112	