

Delou Africa Dance Ensemble (D.A.D.E.)

PERFORMING CULTURAL ARTS BOOKING REQUEST FORM

		Date:		
Orga	nization/Individual Name:			
Addre	ess:			
City:		State:		Zip:
Telep	hone #:	Fax	· 	
E-ma	il Address:			
Contact Person:		Title:		
Additional Contact Person:		Title:		
1.	Our organization is interested in: _ Residency		e of Event:	
2.	Requested Date(s)/Time 1st Choice	Date		Time
	2 nd Choice			
	3 rd Choice			
3.	Actual performance Time(s)			

Dates and times are not guaranteed until a contract is signed

Tel: 305-978-3866 Fax: 866-719-0742

Web: www.delouafrica.org /E-mail: delouafrica@yahoo.com

4. **Performance Facility** Name and address of facility (if different from above) Facility Technical Director: ______ Hours of Availability: Telephone:_____ Fax: _____ E-Mail Address: **Performance Space** Width _____ Type of Floor/Surface ____ Length Seating Capacity____ Description of Performance Space:(e.g., stage in an auditorium, gym, temporary stage, outdoor space, etc._____ **Description of Event** Nature of the Event (e.g., school assembly, outdoor festival): Are any other activities planned for this event? ____Yes___No. If yes, please describe the planned activities Expected audience (e.g., children, adults, families, elderly, special needs, etc.)_____ ***For D.A.D.E Use Only*** Date Received: Performance Booked? (yes/no) Performance Details Date and Time: Duration:

Notes: