PMT Seasonal Showcase Audition Application

In addition to the information asked of you below, please provide any additional information pertinent to you or your piece (ie – theme, costume description, press kit, photography, etc.).

Name of Group/Company Coordinator or Contact Person:

_____

Name of Group/Company (if applicable):

_____

Name of Choreographer (if different than the Group Coordinator):

Phone Number: home/office: _____ cell: _____

Email Address: _____

Mailing Address:

_____
_____
_____

Length of Piece (10 minute limit): _____

Name of Piece:

_____

Music (title and artist):

_____

Name of Dancers/Performers:

_____
_____
_____
_____

Type of Piece or Genre of Dance:

_____
_____

Additional Information (Optional; if more space is needed, you may use the back):

_____
_____
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