

West Virginia Department of Arts, Culture, and History



(Please Print or Type)

You Represent (Please Check):	☐ Company	□School				
Name of Company or School:						
Address:						
Telephone Numbers: Day Evening/Alternate: (Please make an * by each phone attached to an answering service of some type.)						
Director:	or: E-mail Address:					
Type of piece: Classical Jazz _	Moder	n St	tory	Abstract	Other	
Title of Work:						
Choreographer:						
Title(s) of Musical Composition(s):						
Composer(s):						
Special Production Credits (If Applicable):						
Exact Playing Time (Be Accurate):						
Number of Dancers:	_Female		_Male		Total	
List Dancers in this Piece in Alpha	betical Order	(Attach Sepa	arate Sheet	if Necessary	/)	
Do you have dancers who are com	ning to the fes	tival to atten	nd class only	r: ☐ Yes	☐ No	
Describe sets, props, items that ne	ed to be hung	g, special lig	hting, etc.			