MARYLAND COUNCIL FOR DANCE 34th STATE DANCE FESTIVAL

SHOWCASE 2007 PERFORMANCE APPLICATION

Sunday, November 4, 2007 • Kent Island High School, Stevensville, MD

Maryland Council for Dance members (individuals or organizations) participating in the Festival are invited to perform one **original**, **recent** choreography in the Showcase. Eligibility requirements for the Showcase are:

- The group or individuals performing must have paid 2007-2008 dues, and all performers must be registered for all three days of the festival.
- Only one dance may be entered per studio/individual/group.
- To allow the greatest number of members to perform, dancers are only permitted to perform in one (1) dance.
- Dances cannot exceed 5 minutes in length.
- A cued cassette or CD of music must accompany this application. Cassette or CD must be labeled with name of group and name of dance. Cassette must be cued up. Groups/Individuals are responsible for picking up their own music after the showcase.
- A self-addressed, stamped envelope **must** be attached to the Showcase application for confirmation of Showcase performance by mail. If no envelope is attached, confirmation will be by email only.
- **Showcase applications must be postmarked by October 10, 2007.** No late entries accepted.
- The Showcase will be a maximum of 90 minutes in length. Pieces will be chosen on a first-received basis.
- The Showcase is an informal concert. There is no tech rehearsal. Costumes are optional.
- Only performers are permitted in the backstage area.
- Application information must be complete and legible.
- Emailed applications are accepted and preferred; however, application is not complete until ALL information AND music have been received. Email application to<stg_am@msn.com>.

Cut Return bottom portion only! Type or print legibly! Cut

PRINT! SHOWCASE 2007 APPLICATION – ALL INFORMATION REQUIRED! PRINT!

Name of Group/Individual:_____

Tech Contact Person:_____ Phone (_____)_____

E-Mail Address:_____

Title of Dance:_____

Choreographer:_____ Music Composer:_____

(Check) The choreographer is a ___student ___faculty/teacher ___guest choreographer

Length of Dance: _____minutes _____seconds

Style of Dance: (Check) ___Classical Ballet ___Contemporary Ballet ___Modern ___Jazz

___Lyrical ___Musical Theatre ___Tap ___Ethnic (specify type)_____

___Other (Specify)_____

Group Level: (Check) _____Junior (9-13) _____Senior (14+) _____Professional

Name(s) of Dancer(s) **in alpha order:** _____

_____

_____

_____

_____

IMPORTANT TECH INFORMATION: There will <u>not</u> be a tech rehearsal.

Indicate tech order for your piece (sequence 1, 2, 3) _____music _____lights _____dancers.

Dancers begin (check): ____on stage, ____enter stage right, ____enter stage left, ____enter stage right and left.

Dance ends with _____

This form must be **postmarked by October 10, 2007,** and mailed with CD or cassette to:

Alison Miller, 3060 Mozart Dr., Silver Spring, MD 20910-6800

NOTE: Emailed applications must be received by October 10 and music must be postmarked by October 10, 2007.

Questions??? Contact Alison Miller, <stg_am@msn.com> or 301/847-0545>