



Africa Dance Ensemble Inc.
BOOKING REQUEST FORM

Date: _____

Organization/IndividualName: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax: _____

E-mail Address: _____

Contact Person: _____ Title: _____

Additional Contact Person: _____ Title: _____

1. **Our organization is interested in:**
- Residency Number of Days _____
 - Educational Presentation/Lecture
 - Lecture-Demonstration
 - Movement Class(es)
 - Drum/Music Class(es)
 - Mini Performance
 - Full Concert

Name of Event: _____

Time of Event: _____

2. Requested Date(s)/Time	Date	Time
1 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____

3. **Actual performance Time(s)** _____

Length of Performance Requested (in minutes): _____

****Dates and times are not guaranteed until a contract is signed****

4. Performance Facility

Name and address of facility (if different from above) _____

Facility Technical Director: _____ Hours of Availability: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

5. Performance Space

Length _____ Width _____ Type of Floor/Surface _____

Seating Capacity _____

Description of Performance Space:(e.g., stage in an auditorium, gym, temporary stage, outdoor space, etc.) _____

6. 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 Delou Use Only*****

Date Received:

Performance Booked? (yes/no)

Performance Details

Date and Time:

Duration:

Notes: