

FESTIVAL APPLICATION QUESTIONNAIRE

NAME OF THE GROUP

Address:

City.....Postal code.....Street.....

Country..... Telephone/s/..... /

CONTACT

Address:

City.....Postal code.....Street.....

Country..... Telephone/s/..... /

GROUP MEMBERS

Forenames

Name

Nationality

.....
.....
.....
.....
.....
.....
.....
.....

ARTISTIC ACTIVITIES

acrobatics

clown

tightrope walking

puppetry

dance

magic

juggling

masks

open air action

pantomime

projection

Others.....

MUSIC

street singer

orchestra

street musician

recorded music

VISUAL ARTS and IMAGES

Stage designer

pyrotechnics

Others.....

THEATRE

Performance

Ritual or procession

Street theatre

Jugglery

Intervention theatre

Others.....

FIRST SPECTACLE

Title

Synopsis

.....

.....

Playing space: Small Big Open Closed

SECOND SPECTACLE

Title

Synopsis

.....

.....

Playing space: Small Big Open Closed

TECHNICAL DEMANDS

First spectacle

.....

.....

Second spectacle

.....

.....

DATES OF ARRIVAL and DEPARTURE

Means of TRANSPORT/make of the car

diesel-fuelled car petrol-fuelled car

PHOTOS for identity cards /2 from each of the group members /

Language PREFERENCES as to the group's interpreter

French English German Italian Spanish

FOOD PREFERENCES

diet.....

how many⁺.....

EVENTS

carnival

feast

WORKSHOPS

Are you disposed to run any of the workshops given below?

Movement Voice/singing/ Clown

circus techniques/juggling, tightrope walking, walking on stilts/

Actor's technique Masks Work with a stage property

Others.....

Signature