



ACDFA Central Region Festival Informal Concert Information Form Return by December 15

Please type the information below. We need this form to compile information for scheduling and for Informal Concert programs. Be thorough in your answers and accurate in your spelling of performer's names. Thank you.

College _____

Choreographer _____

Undergraduate student Graduate Student faculty/guest artist

Director of Performance Group _____

Festival Accommodations _____ Festival Phone _____

Title of Dance _____

Running Time: _____ minutes _____ seconds

Style: ballet ethnic jazz modern other _____

Music/Text Title _____

Composer/Author _____

live tape (if live, please list name of musicians/performers below)

****Any use of scenery and/or props must be approved by Bob Shannon, Technical Director, prior to arrival****

Names (in alphabetical order) of performers as they would like to be listed in the program

Return to: ACDFA
Dance Program
261 UCB
Boulder CO 80309-0261

Additional information:
www.colorado.edu/Conferences/acdf
acdf@colorado.edu
303/492-5037

Informal Concert Information