

### Dance Theatre Company Performance Booking Form

#### School Information

School: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Main Phone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

#### Performance Information

# Of Performances: \_\_\_\_\_ Location: \_\_\_\_\_

Performance Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Time: \_\_\_\_\_

Other Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_