

THE 9th ANNUAL GREENSBORO FRINGE FESTIVAL
January 27th-Feb 14th
APPLICATION FORM
Applications accepted July 1st- September 3rd.

Intstructions-

1.Download application instruction found on the website.

TITLE OF SHOW:

NAME OF GROUP OR INDIVIDUAL ARTIST:

WRITTEN OR CREATED BY:

CONTACT INFORMATION:

 (Name)

 (Address Line 1)

 (Address Line 2)

 (City, State, Zip)

 (Email address)

 (Preferred phone number)

PREFERRED THEATRE SPACE (check all that apply):

_____ Proscenium stage

_____ Restaurant/Coffee Shop

_____ Art Gallery

_____ Dance-Floored Space

_____ Black Box

_____ I already have a connection with a performance space in Greensboro (please elaborate):

GENRE (check up to three): Play (Drama or Comedy) Music Performance Dance/Movement Multimedia One Person Show Spoken Word/ Poetry Improvisation/Stand-Up Comedy Musical Play**DO YOU PRESENTLY HAVE PERMISSION FROM ALL NECESSARY UNIONS AND/OR PROFESSIONAL ASSOCIATIONS TO PERFORM YOUR SHOW?** Yes No**DO YOU CURRENTLY HAVE ALL RIGHTS TO THE MUSIC USED DURING YOUR PERFORMANCE?** Yes No**BRIEF DESCRIPTION OF YOUR SHOW and Why it should be in the Greensboro Fringe Festival- (Your description doesn't have to fit in this space!)****RUN-TIME OF SHOW:** _____**COMPANY SIZE:**

of actors _____

of technicians _____

