

PMT Seasonal Showcase Audition Application

In addition to the information asked of you below, please provide any additional information pertinent to you or your piece (ie – theme, costume description, press kit, photography, etc.).

Today's Date: _____

Name of Group/Company Coordinator or Contact Person:

Name of Group/Company (if applicable):

Name of Choreographer (if different than the Group Coordinator):

Phone Number: home/office: _____ cell: _____

Email Address: _____

Mailing Address:

Length of Piece (10 minute limit): _____

Website: _____

Name of Piece:

Music (title and artist):

Name of Dancers/Performers:

Type of Piece or Genre of Dance:

Link to Video (Can be provided here or in an email):

Additional Information (Optional; if more space is needed, you may use the back):
