

I THROUGH DANCE WE AWAKEN THE HEART AND ENHANCE OUR HUMANITY 1

GALAXY 2019 ARTIST APPLICATION FORM

IMPORTANT DUE DATES:

July 1: Submit Galaxy Artist Application
July 14: Payment due on or before

Performance dates are confirmed on a first come first serve basis.

email to: <u>sara@polarisdance.org</u>

mail to:

Polaris Dance Theatre Attn: Sara Anderson 1826 NW 18th Avenue Portland, OR 97209

ORGANIZATION INFORMATION:

Organization Name:
Are you a 501(c)3 Nonprofit? Yes No Fed Tax ID#:
Organization Mailing Address:
City, State, Zip:
Email Address:
Website:
Facebook:
Instagram:
Describe your style of dance:

PRIMARY CONTACT:
Contact Name & Title:
Primary Phone:
PROGRAM INFORMATION:
I /My Organization plans to participate in the 2019 Galaxy Dance Festival by:
Presenting a performance/class + having materials on display Presenting a performance only Teaching a class only
If performing or teaching:
Title or brief description of performance, class and/or demonstration to be presented:
of Dancers:
Describe any sound, props, flooring or rigging requirements. Please describe the type of footwear that the dancers will be wearing.
NOTE: You MUST let us know what type of footwear your organization will be wearing in advance, otherwise it will NOT be allowed.

NOTE: If you are considering use of props, sets and/or apparatuses, they will need to be set up and broken down within your allocated time. If using special flooring and/or rigging you will need to provide volunteers to help set up and strike. Polaris Dance Theatre will provide someone to run basic sound. If you have detailed cues, you should

bring an extra person to help with sound. There is no rehearsal time during the festival, so it is best to have someone managing sound that is familiar with your needs.

Strict shoe and rosin policy:

Please note that talc, rosin, chalk, adhesive spray, flour, gel or powder of ANY kind, is PROHIBITED on any part of the body including but not limited to: feet, shoes, hands or apparatus.

No street shoes will be allowed on the dance floor as there are many disciplines of movement using the same space and flooring.

Failure to follow these requests will mean that your class/performance will be cancelled immediately

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Yes, I do have my/our own liability insurance.	
Insurance Company Name:	
No, I do not have insurance and I agree to sign t	ne Polaris Dance Theatre waiver
and pay an additional \$30 insurance fee.	
Your Signature:	
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FEES:	
rees.	
First 30 Min. Performance Slot	X \$100 = \$
First 30 Min. Performance Stor	X \$ 100 = \$
Additional 30 Min. Performance Slot	V 0.75 0
Additional 30 Min. Performance Stol	X \$75 = \$
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1-Hour Class Slot	X \$25 = \$
Name to account the provided and the second that the second the second that th	ν Φ20 Φ
Non-Insured Participant Fee = \$30	X \$30 = \$
TOTAL	
TOTAL: \$	

PHOTOGRAPHY:

____ I understand that there will be photos taken during the 2019 Galaxy Festival and that they may be used for Polaris Dance Theatre's marketing in the future. Photos taken by Polaris Dance Theatre staff are property of Polaris Dance Theatre.

PERFORMANCE DATES:

Please check preferable performance/class time(s)/date(s). If not available for a certain date, please note "NA". Time slots are available on a first come first serve basis. Reservation of your slot is contingent upon payment being received by July 5, 2019.

Thursday, August 1	Friday, August 2
11:00 - 11:30AM	11:00 - 11:30AM
11:30 - 12:00PM	11:30 - 12:00PM
12:00 - 12:30PM	12:00 - 12:30PM
12:30 -1:00PM	12:30 - 1:00PM
1:00 -1:30PM	1:00 - 1:30PM
1:30 - 2:00PM	1:30 - 2:00PM
2:00 - 2:30PM	2:00 - 2:30PM
2:30 - 3:00PM	2:30 - 3:00PM
3:00 - 3:30PM	3:00 - 3:30PM
3:30 - 4:00PM	3:30 - 4:00PM
4:00 - 4:30PM	4:00 - 4:30PM
4:30 - 5:00PM	4:30 - 5:00PM
5:00 - 5:30PM	5:00 - 5:30PM
5:30 - 6:00PM	5:30 - 6:00PM
6:00 - 6:30PM	6:00 - 6:30PM
6:30 - 7:00PM	6:30 - 7:00PM
Saturday, August 3	Sunday, August 4
11:00 - 11:30AM	11:00 - 11:30AM
11:00 - 11:30AM 11:30 - 12:00PM	11:00 - 11:30AM 11:30 - 12:00PM
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APPLICATION DUE ON OR BEFORE FRIDAY JULY 1, 2019 PAYMENT DUE ON OR BEFORE FRIDAY JULY 14, 2019

email to: <u>sara@polarisdance.org</u>

mail to:

Polaris Dance Theatre

Attn: Sara Anderson 1826 NW 18th Avenue Portland, OR 97209

Payment Method:
() Check Enclosed
()VISA ()AmEx ()MC
Card #
3 digit CVC: Expiration:
Signature:
PLEASE SUBMIT COMPLETED APPLICATION by 5PM FRIDAY JULY 1
PLEASE SUBMIT FEES by 5PM FRIDAY JULY 14
with payment to:
email to: <u>sara@polarisdance.org</u> mail to:

QUESTIONS? sara@polarisdance.org - 503-380-5472

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