**Application Form for Friday Night Sharings at Dansekapellet**

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| Title of the concept: |  |
| Contact person:  Name, mobile phone, e-mail |  |
| Project description text |  |
| Requested date | Friday, [insert date] |
| Target groups that your Friday Night Sharing addresses – be as specific as possible |  |
| Is it an event where the audience only watches, or also participates actively? |  |
| Who will perform at the event: choreographers, dancers, etc. Please make sure to spell names correctly. |  |

Please send this completed form as a PDF to Anne Therese at **ae4c@kk.dk**