**25th CYPRUS CONTEMPORARY DANCE FESTIVAL – JUNE 2024**

**DATA FORM**

**COUNTRY: ........................................... Proposal No: ..................**

|  |  |
| --- | --- |
| **1. Name of Dance Group (DG)** |  |
| **2. DG’ s Contact details:** Webside (If not available, please provide address, tel., e-mail) |  |
| **3. Title of performance** |  |
| **4. Duration of performance** |  |
| **5. Link of performance on youtube and/or vimeo (obligatory)** |  |
| **6. Number of individuals participating** (including dancers, choreographer, technician, etc.) |  |
| **7. Choreographer’s Name** |  |
| **8. Choreographer’s contact details**  Address Telephone E-mail Website | ............................................................................................ ............................................................................................ ............................................................................................ …………….............................................................................. |
| **9. Performance summary** |  |
| **10. Technical requirements for the performance** |  |
| **11. Any information you consider relevant and/or important** |  |

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**BUDGET FORM**

**COUNTRY: ........................................... Proposal No: ..................**

**Dance Group: ...................................... Work title: ...........................................**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Fees (choreographer, artist, technician, etc.** | | | |
| Profession | Number of Persons | Fee € | **Total €** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total if the proposal is selected to be presented at both venues (2 performances)** | | |  |
| **2. Per Diem** | | | |
| Number of Persons | Number of Days | Amount € | **Total €** |
|  |  |  |  |
| **3. Transportation (air tickets, taxis-buses)** | | | |
| Number of Persons | Description (air tickets etc.) | Amount € | **Total €** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **4. Accommodation** | | | |
| Number of Persons | Amount € | | **Total €** |
|  |  | |  |
| **5. Transportation of technical equipment (if any)** | | | **€** |
| **6. Other expenses (please verify)** | | | **€** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** | | | **€** |