FAST + FRESH DANCE

2009 Entry Form

School/College Name: _____

School College Address: _____

School/College Phone: _____ Fax: _____

School/College Contact Name: _____

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Choreographer Name: _____ Age: _____

Choreographer Address: _____

Choreographer Phone: _____ Email: _____

Number of Dancers: _____

Music Title: _____

Title of the piece: _____

Brief outline of the piece: _____

Please also attach a brief biography of each dancer outlining any previous dance experience.

WSDA western sydney dance action