

PLYMOUTH STATE UNIVERSITY
DANCE PREMIER ▫ 2011

APPLICATION FOR VIDEO ADJUDICATION

To wrap up a day of great master classes, what's better than watching a great performance? This year, a panel of PSU dance professors will invite up to ten choreographers—either students or teachers—to showcase their work in the Gala Performance. On the day of the Premier, selected choreographers will work with a professional lighting designer; they will also be allotted time for both tech. and dress rehearsals. Regardless of selection, **all applicants** will receive written feedback from the adjudication panel.

The completed Application for Video Adjudication **must be postmarked by January 1, 2011**. In order to be considered for this opportunity, please submit the following:

- A completed **APPLICATION FOR VIDEO ADJUDICATION** form.
- A **DVD or VHS Tape** that includes a **brief introduction** (name, studio affiliation [if applicable], and the city/state from which you are applying) and **part or all** of the work you wish to be considered. **PLEASE NOTE:** Your completed work should not exceed **six minutes**.
- A **one-track CD** with a properly-edited copy of the music for your work. Please label the CD with the **music title, composer, and running time**, and make sure that the music for your work is **the only** track on the CD.
- A **brief, type-written statement** about your choreographic process: include the work's title and any background information (a story-line, for example) that you think might assist the adjudication panel.

All application materials (except APPLICATION FOR VIDEO ADJUDICATION form, if submitted online) should be mailed to:

**Plymouth State University
ATTN: Dance Premier
17 High Street, MSC # 37
Plymouth, NH 03264**

If you have any questions, please do not hesitate to contact the PSU Dance Division via phone (603.535.2713) or email (mlperra@mail.plymouth.edu).

APPLICATION FOR VIDEO ADJUDICATION		
TITLE OF WORK		CHOREOGRAPHER'S NAME
TITLE OF MUSIC	COMPOSER OF MUSIC	STUDIO NAME (IF APPLICABLE)
PLEASE LIST PARTICIPATING DANCERS' NAMES AND AGES:	TOTAL NO. OF DANCERS IN WORK:	STREET ADDRESS / P.O. BOX / APT. NO.

1.		5.	
2.		6.	
3.		7.	
4.		8.	

CITY	STATE	ZIP CODE
EMAIL	PHONE NUMBER	
IF MORE SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER TO THE BACK OF THIS FORM.		