



**EDUCATIONAL CULTURAL ARTISTIC PROGRAM
BOOKING REQUEST FORM**

Date: _____

Organization/Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Fax: _____

E-mail Address: _____

Contact Person: _____ Title: _____

Additional Contact Person: _____ Title: _____

1. **Our organization is interested in:**
 Residency Number of Days _____
 Educational Presentation/Lecture
 Folktale/Storytelling
 Rites of Passage
 Movement Class (es)
 Drum/Music Class (es)
 Mini Performance

Name of Program: _____

Time of Program: _____

2. Requested Date(s)/Time	Date	Time
1 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____

3. **Actual program Time(s)** _____

Length of Program Requested (in minutes): _____

****Dates and times are not guaranteed until a contract is signed****

Tel: 305-978-3866 Fax: 866-719-0742

Web: www.delouafrica.org /E-mail: delouafrica@yahoo.com

4. Program Facility

Name and address of facility (if different from above) _____

Facility Technical Director: _____ Hours of Availability: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

5. Program Space

Length _____ Width _____ Type of Floor/Surface _____

Seating Capacity _____

Description of event space and atmosphere:(e.g., classroom, library, gym, etc.)

6. Description of Program

Nature of the Event (e.g., school assembly, outdoor festival):

Are any other activities planned for this event? _____ Yes _____ No. If yes, please describe the planned activities _____

Expected audience (e.g., children, adults, families, elderly, special needs, etc.)

*****For Delou Use Only*****

Date Received:

Program Booked? (yes/no)

Program Details

Date and Time:

Duration:

Notes: