## Festival Spectacles du Monde www.festivalportsursaone.com EME **APPLICATION FORM 2019 CONTACT INFORMATION** Name of the group **Organization** City **Country** Leader of the group Choreographer **Contact person Address** Tel **Fax** e-mail Website PARTICIPATION INFORMATION Number of participants /total/ **Girls Boys** Women Men /incl. bus drivers/

rue François Mitterrand 70170 Port-sur-Saône

## Festival Spectacles du Monde



## **TECHNICAL INFORMATION**

Date of arrival	
Mean of arrival /bus or plane/	
Do you need a translator?	
/English, Russian/	
Live or recorded music?	

Date:

Signature:

CIOFF

67 rue François Mitterrand 70170 Port-sur-Saône