National Dance Association

CHOREOGRAPHY EVALUATION PROJECT

INFORMATION FORM (to be completed by Choreographer)

TITLE OF DANCE: _____

MUSIC: Title _____

Composer _____ Live _____ DVD _____

DATE OF PREMIERE PERFORMANCE: _____ Place _____

STYLE: Ballet ___ Modern ___ Jazz ___ Tap ___ Ethnic ___ Other _____

PERFORMERS: Number _____
Male _____ Female _____

STATEMENT OF OBJECTIVE FOR THE DANCE:

INFORMATION YOU FEEL IS IMPORTANT FPR THE REVIEWER TO KNOW: (i.e., level of dancers used, stage space considerations, production elements, etc.)

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CHOREOGRAPHER'S NAME: _____

NAME OF PERSON REQUESTING THE EVALUATION: _____

NDA MEMBERSHIP: Yes ___ No ___ DATE EXPIRES: _____

ADDRESS WHERE EVALUATION SHOULD BE SENT:

_____

_____

_____

PHONE: Home _____ Office _____

E-MAIL: _____

DANCE(S): No more than 30 minutes of dance should be on the DVD.

Title: _____

Length: _____
(Minutes) (Seconds)

Title: _____

Length: _____
(Minutes) (Seconds)

Title: _____

Length: _____
(Minutes) (Seconds)

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NUMBER OF EVALUATORS YOU WISH TO VIEW THE DVD: _____

EVALUATION FEE:

ONE ADJUDICATION:

$75 for NDA professional member _____

$50 for NDA student members (college/university) _____

$150 for non-members _____

ADDITIONAL ADJUDICATIONS (PER ADJUDICATOR)

$50 for NDA professional member _____

$125 each for non-members (professional/student) _____

Amount Enclosed: _____

PO #: _____

Credit Card #: VISA/MASTERCARD _____

Ex date _____

Signature: _____

Make check payable to: AAHPERD/NDA
Memo: Choreography Evaluation

Send to: National Dance Association
1900 Association Drive
Reston, VA 20191

GENERAL INFORMATION: If you want your DVD returned, enclose a stamped, self addressed mailer. The DVD will not be returned if a mailer is not included. The DVD should be of the highest quality possible. The adjudicators, however, do understand the difficulties of filming dance in performance.