



NOISEmoves Youth Dance Festival

South Dublin County Council is pleased to invite submissions for this first time event, which will take place on 25th April 2010 at the Civic Theatre, Tallaght. This call is open to youth dance groups and young dancers/choreographers in South Dublin County wishing to showcase their work in a professional environment.

We are looking for groups with:

- Original choreography
- Performers/choreographers aged between 13 and 25 years
- An interest in creating new work

Submissions will be welcome in any style of dance. Submissions do not necessarily need to be the performance you will showcase in NOISES*moves*.

Submissions will be assessed by an independent panel of judges. Judges decisions are final. **The closing date for submissions is Wednesday, March 3, 2010.**

Submissions will be welcome in any style of dance. **Submissions do not necessarily need to be the performance you will showcase in NOISES*moves*.**

In participating in the competition, ALL members of the dance group agree to sign a form demonstrating they agree to the following:

- That their submitted work may be posted on the NOISE South Dublin website (www.noisesouthdublin.com)
- To give permission for use of photos for publicity via web, news media, and promotional materials
- To agree that their performance at NOISEmoves may be filmed and posted on www.noisesouthdublin.com and photos from the night be used for promotional purposes



Application for NOISEmoves Dance Festival

Name of group: _____

Affiliated youth service/community centre/school (if relevant):

Facilitator/Choreographer/Instructor: _____

Age range of youth dance group: _____

Dance Style: (please circle)

Modern/Contemporary

Hip Hop

Jazz

Ballet

Breakdance

Other (please specify): _____

1. How long has this dance group been together? _____

2. How often does your group meet throughout the year? _____

3. Where does your group meet? _____

4. Does your group have experience of public performances? If so, where and/or when?

(over)

Submissions will be welcome in any style of dance. Submissions do not necessarily need to be the performance you will showcase in NOISESmoves.

Please include a photograph of the dance group. This may be sent by email or by post. This photograph will be used for promotional purposes only.

5. Title of dance piece submitted: _____

6. Length of dance piece submitted: _____

7. 1 – 2 sentences describing dance piece, for promotional purposes:

8. We would like to submit our dance piece for consideration in the following way(s). (Please tick all that apply)

DVD of completed piece

DVD of filmed rehearsal

DVD of previous work

We would like judges to visit us at our rehearsal space for a showing

If you need anything returned please provide a SAE.

Please submit applications and supporting material to:

Colette Ryan

Arts Office, South Dublin County Council

County Hall, Tallaght

Dublin 24

Email: dance@sdublincoco.ie

Phone: 01 414 9000, extension 3365

Email: cryan@sdublincoco.ie

This form must be signed by each member of the dance group.

Photo, Web & Audio Consent Form

Arts projects often involve the use of photography, video, and/or audio clips. All images and/or recordings and artwork made may only be used by South Dublin County Council for display and publicity purposes only. This may include promotional brochures, showcase of activities in local newspapers, promotions or showcase of programmes on our websites, particularly NOISE, a site dedicated to the arts and creativity of South Dublin County's youth, and other non-profit purposes.

By signing this form, I consent to allow South Dublin County Council to use photos, videos, and/or audio clips that have been created during arts projects for the above mentioned promotional purposes. No young person under the age of 18 will be filmed, photographed, or recorded as part of any South Dublin County Council project without parental or guardian permission.

By signing this form, I confirm that I understand and agree to the above request and conditions.

My Contact Information:

Name (print): _____

Project/Programme:

Parent/Guardian's Name if the participant above is under 18 (print):

Address: _____

Phone Number: _____ Email Address: _____

Signatures:

Signature: _____

Date: _____

Parent/Guardian's Signature (if under 18):

Date: _____