

**The 21th International Festival of Pantomime by the Deaf  
16 -20th November 2011 BRNO, CZECH REPUBLIC**

**APPLICATION FORM**

Organisation: \_\_\_\_\_

Representative of the organisation: \_\_\_\_\_

Address (street, No.): \_\_\_\_\_

Town (including the zip code): \_\_\_\_\_

Country: \_\_\_\_\_

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Soloist: \_\_\_\_\_

Title of the performance: \_\_\_\_\_

Duration of the performance: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Contact address: \_\_\_\_\_

**. With application you must send video cassette or DVD, with enrolment performance.**

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Group of two or three: \_\_\_\_\_

Title of the performance: \_\_\_\_\_

Duration of the performance: \_\_\_\_\_

Contact address: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

**. With application you must send video cassette or DVD, with enrolment performance.**

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**Group performing an étude, mini or specially composed programme**

Title of the performance: .....

Duration of the performance: .....

Number of performers: .....

Name of the head of group: .....

Contact address: .....

Place to please list actors and list accompaniment

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**Group performing a complex theatrical programme**

Title of the performance: .....

Duration of the performance: .....

Number of performers: .....

Name of the head of group: .....

Contact address: .....

Place to please list actors and list accompaniment

**. With application you must send video cassette or DVD, with enrolment performance.**

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Further information is required in English.

Our contact address:

Association of the Deaf and  
Hard of Hearing in the CzR  
Karlínské nám. 12  
186 03 PRAGUE - Karlín  
Czech Republic  
tel./fax: 00 42 224 816 829  
e-mail: [snncr@snncr.cz](mailto:snncr@snncr.cz)