

HHMDDC Performance Request Form

Interested in having Hip Hop Heals Most DEAFinitely Dance Company perform at your event, school, festival, workplace or anywhere else? Please complete the following form in its entirety.

Your Name: _____

Name of your Organization: _____

Email

Address: _____

Phone #: _____

Is this a Video Phone or a standard phone ? (please mark with an "x")

Dates of Performances:

1st date choice: _____

2nd date choice: _____

Does your facility have a stage or performance space? Yes No

If no, describe the area where you would like HHHMDDC to perform:

Would you like to have an information Q&A session with the group after the performance? Yes No

Any other requests, questions or comments:

