



SPOOK NIGHT

PO Box 10400, Middle Camberwell, Melbourne, VIC. Australia 3124
info@mastersofchoreography.com
www.mastersofchoreography.com

EVENT BOOKING FORM

Please email your completed BOOKING form to registrations@mastersofchoreography.com

Media Producer: Masters of Choreography
Production/Event: SPOOK NIGHT
State:

DANCE SCHOOL INFORMATION

Dance School/Performance Group name:	
Director/Teacher name:	
School Address:	
Email:	Contact Number:

SHOWCASE INFORMATION

FEES:

There is a \$40 fee for all performers involved.

This fee INCLUDES:

- Individual school show poster
- Complimentary show programme for each performer
- Complimentary downloadable show link for each performer
- Complimentary downloadable show photos of the showcase
- Performance to be aired on Foxtel Australia

Once registered, Masters of Choreography will ask you for your total group numbers.

An invoice will be sent to you accordingly and all payments must be finalised prior to the show date.

CHOREOGRAPHY:

- Your dance school can choose one of their favourite Halloween themes and create a 3-5min routine for the show.
- Your routine can be choreographed with any style of dance either Jazz, Hip Hop, Contemporary, Lyrical, Commercial etc.
- You can either choreograph the routine yourself or ask one or more teachers from your school to be involved.
- Your piece must be appropriate to the Halloween theme you have chosen. You will be responsible for choosing your music as well as providing any costuming and props.

PARTICIPATION:

- This production is open to all ages.
- You can have any amount of dancers in your piece.



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PREFERRED HALLOWEEN THEME (i.e. Witches, Zombies, Vampires): _____

We run on a first in first served basis. If there is a double up with icons. Please have a few selections in mind if you are asked to change your icon due to another school already selecting your chosen icon.

A confirmation email will be sent to you once your booking has been received.

This production will not go ahead if registration numbers have not been met. Your school will be notified if this is the case via email by August 2021.

I/We have read and fully understood the showcase event details provided. By completing this form, we agree to commit to the showcase.

PRINT NAME _____

DATE _____

Printing your name will be deemed to be your digital signature

The school Director/Teacher will assume all responsibility for the group, including forwarding all communications to participants.

MASTERS OF CHOREOGRAPHY accept that the school Director/Teacher/s are providing all information to be true without any misrepresentation.

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