

**VI EUROPEAN SMALL THEATRE FORMS FESTIVAL OF DISABLED PERSONS
- "THERAPY BY LAUGHTER"
19th September 2008r.**

**Organizer: THE SOLECKIE CENTRUM KULTURY (The Solec Culture Centre)
Bojowników o Wolność i Demokrację 1 st.
86 -050 SOLEC KUJAWSKI
Phone: 052 387 98 10
Fax: 052 387 98 11**

APPLICATION FORM

GRUP'S NAME.....

GRUP'S ADDRESS.....

DELEGATION INSTITUTION'S ADDRESS.....

.....

**E-MAIL: PHONECONTACT PHONE FOR A
CARER ON THE DAY OF THE FESTIVAL.....**

PERFORMANCE'S TITLE AND A SHORT DESCRIPTION (A PLOT AND FORM)

.....

.....

.....

.....

**TIME OF PERFORMANCE: TIME OF PREPARATION FOR THE
PERFORMANCE:**

TECHNICAL REQUIREMENTS

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.....

.....

ADDITIONAL TECHNICAL AND ORGANIZING WISHES

.....

IS IT YOUR FIRST TIME AT THE „Therapy by laughter“?.....

NUMBER OF PARTICIPANTS INCLUDING PERFORMERS

Sort of disability

Are there persons on a wheelchair ?

and with special requirements ?.....

.....

.....

**PROVISIONAL INFORMATION [time of arrival, means of transport,
time of departure]**

.....

NUMBER OF CARERS THERAPISTS..... DRIVER.....

ARE YUR PLANNING TO STAY FOR A NIGHT?.....SUGGESTIONS

CONSIDERING AN ACCOMMODATION.....

.....

NUMBER OF PEOPLE FEMALE MALE

Your credo:

Write down something unusual, funny, optimistic:

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.....

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**ARE YOU GOING TO ADD YOUR RECORDS TO "THE FUNNIEST BANK OF THE
WORLD- THE BANK OF LAUGHTER"?**

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signature and stamp of delegation institution