

CONNECTICUT STORYTELLING FESTIVAL ARTIST APPLICATION
April 26 & 27, 2019 Connecticut College, New London, Connecticut

Please submit by May 1, 2018. Include:

- A 60-100 word bio.
 - An audio or video recording (video preferred) or supply a link to a website with the recording.
(It is best if the recording is of the story you are proposing to tell.)
 - High resolution photos or links to high resolution photos of you for publicity.
 - **Email:** csc@conncoll.edu
 - **Mail:** Connecticut Storytelling Center, Connecticut College, Box 5295, 270 Mohegan Ave. New London, CT 06320
-
-

Name (as you wish it to appear in the program): _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: (home) _____ (cell) _____

Email: _____ **Website:** _____

Apply only for the venues that best highlight your storytelling material:

- a) **CABARET: Friday 7:30 PM** (light, funny stories; music)
- b) **THE GATHERING OF TELLERS: Saturday morning (15 - 20 minutes each) *** (adult olio)
- c) **WORKSHOPS: Saturday afternoon – 90 minutes**
- d) **PERFORMANCES: Saturday afternoon – 90 minutes - can be divided between 2 performers**
- e) **SATURDAY NIGHT OLIO: FIVE ALIVE 7:30 PM**

* Times approximate depending on the number of tellers

Both c & d are scheduled simultaneously; thus, smaller audience groups

Please indicate your interest by providing the following information:

CABARET – Light entertainment & music for adults – Friday, 7:30 PM (30 min each)

STORY/SONG TITLES: _____

BRIEF SYNOPSIS: _____

THE GATHERING OF TELLERS – Adult Olio – Saturday 9 AM (15-20 min each)

STORY TITLE: _____

SOURCE AND TYPE OF STORY (folktale, literary story - author's name, original story): _____

BRIEF SYNOPSIS: _____

SATURDAY NIGHT OLIO – FIVE ALIVE: 7:30 PM (15 min. each)

STORY TITLE: _____

BRIEF SYNOPSIS: _____

Please complete stage **technical needs** only if you are applying to perform at **Cabaret, Gathering of Tellers or Saturday Night Five Alive:**

Microphones: Lapel ____ Standing ____ Boom ____ Head Mic _____

Other stage needs: Straight back chair (no arms) ____ Stool ____ Other _____

Special needs, space size, lighting, etc.

WORKSHOPS: Saturday afternoon (90 minutes)

TITLE: _____

SUBTITLE: _____

LEARNING OBJECTIVE: _____

BRIEF SYNOPSIS: _____

Which best describes your Workshop Style?

Lecture ____ Discussion ____ Demonstration ____ Participation ____ Physical participation ____

For what audience is your workshop directed? e.g. Beginners/advanced/teachers _____

Technical Needs:

Chalk/white board ____ Flip chart ____ DVD ____ Overhead Projector ____ Table ____ Stool ____

Other _____

LONG PERFORMANCES: Saturday Afternoon – (90 minutes) – Can be divided between two performers

PERFORMANCE TITLE : _____

BRIEF SYNOPSIS: _____

STORY TITLE(S): _____

TIME: 30 min ____ 45 min ____ 90 min ____

Stage Needs: Straight back chair (no arms) ____ Stool ____ Other _____

References: Please provide their contact information:

• Please provide names, phone numbers and email addresses of persons who will give a reference.

Reference 1: Name, Email, Telephone/Cell _____

Reference 2: Name, Email, Telephone/Cell _____

Reference 3: Name, Email, Telephone/Cell _____

Please let us know of any upcoming performances that we may attend.

Performance 1: Date & Time, Location _____

Performance 1: Date & Time, Location _____

Performance 1: Date & Time, Location _____
