

**UW-Madison Dance Program**  
**ELECTIVE SHOWING APPLICATION**

*Please enter text in all the spaces provided and e-mail to [cheintz@education.wisc.edu](mailto:cheintz@education.wisc.edu)*

Semester: \_\_\_\_\_

Faculty/Lecturer Name:

Class Name, Number and Section:

Dance Style:

Length (6min max):

Number of Performers:

Name of Person Introducing/Supervising:  
(during the showing)

Other information you feel is important:

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