Lithuanian Association of People with Disabilities

The festival of the theatres of disabled people 'BEGASAS'

Appendix No. 1

THEATER TERRITORY: THEATRE FESTIVAL ‘BEGASAS’

APPLICATION FORM

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| **1. Municipality, city, village:**(represented by the team) |
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| **2. Group’s name:** |
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| **3. Name and description of the program:** |
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| **4. Information about the group leader:** |
| Name, surname |  |
| Position |  |
| Experience in projects of a similar nature |  |
| Phone (with an international code) |  |
| Fax (with an international code) |  |
| Email |  |

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| **5. Information about the group:** |
| Duration of the group's activity (years) |  |
| The merits of the team |  |
| Brief description of the group's activity |  |

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| **6. Information about group members:** |
| Specify the number of group members |  |
| Of these, the number of people with disabilities |  |
| Are there people in wheelchairs or people with walking difficulties in the group who need help? |  |

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| **7. Provide information that may be relevant to the organizers:** |
| What devices will be there? Will you use a phonogram? |  |
| Will additional equipment (table, chairs, etc.) be required during the performance? |  |
| Provide information that event organizers should know. |  |

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| **8. Suggestions for event organizers?** |
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May \_\_\_, 2020

Group leader

 (Signature) Name and Surname