



5 days of improv in the tropics
February 2 – February 6, 2005

GROUP SUBMISSION FORM

Group Name: _____

Home Performance City: _____ State: _____

Contact Person: _____

Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____

E-mail address: _____

Group Website: _____

Number of Performers: _____ Number of Crew: _____

Style of show: _____ Length of Show: _____

Description of your show: _____

Enclosed with this form is:

- 20 min unedited NTSC VHS tape of your group performing for an audience
- A press release and picture(s) of your group
- Cast and crew list with bios and headshots of actors in your group
- Press Clippings and/or reviews of your group
- A **\$30 (Nov 1)** or **\$45 (Dec 1)** check made out to Miami Improv Festival

Send Submission Form and Materials (via standard mail) to:

**Miami Improv Festival
P.O. Box 430668
Miami, FL 33143-0668**