



REGISTRATION FORM FOR FINANCIAL SUPPORT

This form is for the participants who could not afford any fees in the criteria of the Cambodian Youth Arts Festival to fill out as in the following to attend any of the Presentations, Demonstrations, and/or Workshops as well as the daily meals of the Cambodian Youth Arts Festival. Please read it carefully before filling out the form.

1. Arts Organization/Company

Official Full Name:	
Acronym:	
Vision:	
Mission:	
Address:	House, Street
	City/Town
	State/Province
	Country
	Telephone
	Website
Contact Person	Full Name
	Position
	Cell Phone
	E-mail

2. Major Components

Check the components you want to participate in:

- Parade**
 Demonstration
 Workshop
 Performance
 Film/Slide Screening
 Conference
 Arts Fair

Note:

- If you checked the *Parade* (**Parade**), please complete the **NAME LIST FOR THE PARADE SESSION** of all your people that are joining the parade (**Figure 1**). All organizations will march together and are encouraged to find visual ways to express their creativity.
- If you checked the *Demonstration* (**Demonstration**), please complete the **NAME LIST FOR DEMONSTRATION SESSION** of the people who lead your demonstration session and the

MATERIAL/INSTRUMENT LIST that you need for your demonstration session (Demonstration lasts 20 minutes and 10 minutes for Questions & Answers) (**Figure 2**)

- If you checked the *Workshop* (**Workshop**), please complete the **NAME LIST FOR WORKSHOP SESSION** of the people who lead your workshop session and the **MATERIALS/INSTRUMENT LIST** that you need for your workshop and give **the number of participants** that could join in the workshop (**Figure 3**).
- If you checked the *Performance* (**Performance**), please complete the **NAME LIST FOR PERFORMANCE** of the performing group, the **MATERIAL/INSTRUMENT LIST** that you need for your performance, and time you need for your rehearsal and setting up your stage (**Figure 4**).
- If you checked the *Film/Slide Screening* (**Film/Slide Screening**), please complete the **FILM/SLIDE LIST** (**Figure 5**).
- If you checked the *Conference* (**Conference**), please complete the **NAME LIST** for the people who are willing to participate in the conference (**Figure 6**). (Only arts organization leader and art teachers are allowed)
- If you checked the *Arts Fair* (**Arts Fair**), please complete the **ARTS FAIR FORM** (**Figure 7**). The Fair starts from August 7 – 11, 2010.

3. Please check the date(s) you are able to attend.

DATE	ALL DAYS	MORNING	AFTERNOON	EVENING
August 7, 2010	Arts Fair		Parade	Film/Slide Screening Performance
August 8, 2010		Demonstration	Workshop	Film/Slide Screening Performance
August 9, 2010		Demonstration	Workshop	Film/Slide Screening Performance
August 10, 2010		Demonstration	Workshop	Film/Slide Screening Performance
August 11, 2010				Film/Slide Screening Performance

4. Art Form

i. Art form (for example, pinpeat music, rock and roll music, ...)	
ii. Please give a short description of the art form (this will appear in the Festival Program Book)	

Figure 1

NAME LIST TO PARTICIPATE IN THE PARADE SESSION			
N°	Full Name	Sex	Position
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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Figure 2

NAME LIST TO LEAD THE DEMONSTRATION SESSION			
N°	Full Name	Sex	Position
1			
2			
3			
4			
5			
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12			
13			
14			
15			

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Figure 2

MATERIAL/INSTRUMENT LIST TO RUN THE DEMONSTRATION SESSION			
N°	Full Name	Sex	Position
1			
2			
3			
4			
5			
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9			
10			
11			
12			
13			
14			
15			

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Figure 3

NAME LIST FOR THE WORKSHOP SESSION			
N°	Full Name	Sex	Position
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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Figure 3

MATERIAL/INSTRUMENT LIST FOR THE WORKSHOP SESSION			
N°	Full Name	Sex	Position
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Figure 3

THE SIZE OF WORKSHOP SPACE		
SIZE	HOW THE SPACE SETTING UP	
NUMBER OF PARTICIPANTS THAT CAN ATTEND THE WORKSHOP		
TOTAL NUMBER	MALE	FEMALE

Figure 4

NAME LIST FOR THE PERFORMING TROUPE			
N°	Full Name	Sex	Position
1			
2			
3			
4			
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11			
12			
13			
14			
15			

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Figure 4

MATERIAL/INSTRUMENT LIST FOR THE PERFORMANCE SESSION			
N°	Full Name	Sex	Position
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Figure 4

THE SIZE OF PERFORMING STAGE	
SIZE	HOW THE STAGE SETTING UP

Figure 5

FILM/SLIDE LIST FOR THE FILM/SLIDE SCREENING SESSION			
N°	Full Name	Sex	Position
1			
2			
3			
4			
5			

Figure 6

NAME LIST TO PARTICIPATE IN THE CONFERENCE SESSION			
N°	Full Name	Sex	Position
1			
2			
3			
4			
5			



Figure 7

APPLICATION FORM FOR BOOTH RENT

This application is only applied by the renter who agreed to rent a booth during the Cambodian Youth Arts Festival (CYAF) 2010. When the Committee of the CYAF accepted the application form completed and submitted by the renter, at the same time of the submission the renter has to pay all amount based on number of the booths the renter agreed to rent (no booking amount allowed). *The payment is not refundable.*

My name _____ in charge of (company's name) _____
 _____ that locates (company address) _____
 _____ HAVE

READ and AGREED all policies said in this form and AGREED to rent _____ (how many?) booth(s) for five days, from August 7 – 11, 2010, in the sum amount of _____ US\$ in the purpose of _____

 _____.

A Package for One Booth Agreed to Rent:

Item	Number
① Booth (W: 4m & L: 4m)	1
② Booth table (H1m x W4m x D0.46m)	1
③ 1.2 meter florescent lamp	2
④ Extension socket	1

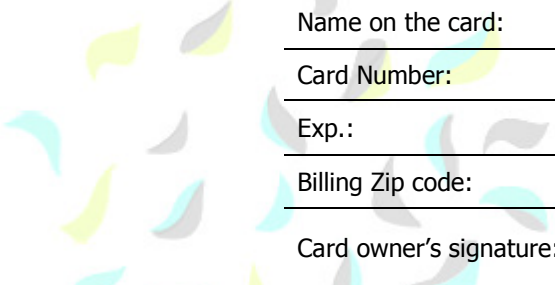
Phone: _____

Email: _____

Signature: _____

Date: _____

Payment Methods:

1) Wire/Bank Transfer:	Bank Name:	ACLEDA Bank Plc.
	Bank Address:	#61, Preah Monivong Blvd, Sangkat Srah Chork, Khan Daun Penh, Phnom Penh, Cambodia. (855) 23- 994 444
	Bank Account Name:	Cambodian Living Arts
	Bank Account #:	3437-20-714871-1-1
	Type of Currency:	US Dollars
	Swift Code:	ACLBKHP
2) Cash, or check made payable to:	Cambodian Living Arts	
3) Credit Card (Check one)	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
	Name on the card:	
	Card Number:	
	Exp.:	
	Billing Zip code:	
	Card owner's signature:	

Please send this completed application to seng@cambodianlivingarts.org (no later than June 15, 2010).

