



Cadenzas

A Collection of Performance Works displaying the talents of people with a seizure disorder

ENTRY FORM

Performer Name: _____ Age _____

Street Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Title of Performance: _____

ELIGIBILITY

Any person diagnosed with a seizure disorder is invited to submit their Performance Work.

PERFORMANCE PARAMETERS

<p>PERFORMANCE</p> <p><input type="checkbox"/> Musical (vocals, instrumentals)</p> <p><input type="checkbox"/> Dance</p> <p><input type="checkbox"/> Acting and readings</p>	<p>SUBMISSION FORM</p> <p><input type="checkbox"/> YouTube™ Link _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> DVD recording (clearly labeled)</p>
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COLLECTION PARAMETERS

<p>GUIDELINES</p> <ol style="list-style-type: none"> 1. One work per person, per year 2. Entry must be received before June 30 3. Work must be uploaded to YouTube™ and available for viewing or provided to EFM via DVD recording 4. Maximum performance duration 5 minutes 5. Subject matter consistent with good taste and legal 	<p>JUDGING CRITERION</p> <ol style="list-style-type: none"> 1. Performance (creativity, emotion) 2. Connection to dealing with epilepsy <p>RECOGNITION</p> <p>Recognition of entries will be in October and may include public performances; publish on a website, a certificate, and keepsake mementos.</p>
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Please continue on Page 2

CADENZAS ENTRY FORM (continued)

BACKGROUND

Please answer the following questions and submit the text with your Entry Form

1. What and/or who is the inspiration for your work?
2. Describe your work? Any special meanings.
3. What is your seizure diagnosis?
4. How have seizures affected your life?
5. What other information would you like to share?

PERFORMER AGREEMENT

*By submitting my Performance Work and Author Background to the Epilepsy Foundation of Minnesota (EFM) **Cadenzas** Performance Collection, I understand EFM has the right to reproduce and publish my Work and Background. For example, my Work and Background may be displayed or performed at events in various locations, public or private, at the discretion of EFM. If requested, I will provide permission and assistance to download my YouTube™ Performance Work to EFM equipment. Finally, EFM has the right to the final interpretation of all **Cadenzas** Performance Collection parameters.*

Signature (performer or responsible adult) _____

Date _____

Instructions to submit your entry via the internet:

1. Upload your Performance into YouTube™ (use FLV, MPEG2, or MPEG4 format) or send your DVD to EFM.
2. Go to www.efmn.org, click on **Cadenzas**, and enter your text into the ENTRY FORM and BACKGROUND boxes. Desired, but not required, please enter a good quality *jpeg* format photo of the performer.

For more information, please call 651-287-2310 or 800-779-0777 ext. 2312, or email *Stephanie* at skolari@efmn.org.

EFM postal mailing address:

Epilepsy Foundation of Minnesota
1600 University Avenue W. #300
St. Paul, MN 55104

THANK YOU!