## Project HOOP Questionnaire Page 1 Name \_\_\_\_ Title/Position \_\_\_\_\_ Tribal Affiliation(s) May we contact you by telephone or e-mail? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please provide your Contact Information 1. Would your community be interested in developing Native theater and performing arts programs, such as 1) a youth theater, 2) a dance theater, 3) community performances of Native plays, and/or 4) the development of new plays about your community? Yes \_\_\_\_ No If yes, please circle all the numbers that apply: 2 3 4 Add other interests \_\_\_\_\_ 2. What types of performing artists does your community have? Circle all that apply.

Singers

Storytellers

Dancers

Writers

Musicians

Actors

Composers

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3a. What resources are available, such as money, materials, professional expertise, volunteers, etc. are within your community that might support theater and performing arts development project?
3b. What kinds of support would need to be obtained for theater/performing arts development from outside your community?
5. Would you be willing to provide us two contacts within your community with whom we may be able to conduct a telephone survey about Native performing arts? These may be elders, culture-bearers, community leaders, teachers, artists, or anyone else in your community you think may be interested in traditional or contemporary performing arts.  Name  Title/Position  Contact Info.
Name
Title/Position
Contact Info.

Hanay Geiogamah Director, Project HOOP

Thank you very much. We look forward to hearing from you.

Your feedback is very important to us. Thank you for your time and support. You can return the survey by mail, or fax at : (310) 206-7060. Project HOOP's mailing address is:

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