



RIGHTS AND ROYALTIES APPLICATION

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SCHOOL / ORGANIZATION NAME _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

YOUR NAME _____

EMAIL _____

PLAY TITLE _____

PERFORMANCE LOCATION _____

PERFORMANCE DATES _____ SEATING CAPACITY _____

TOTAL NUMBER OF PERFORMANCES _____ TICKET PRICE RANGE _____

ACTORS' PARTICIPATION FEE (if applicable) _____ ACTORS' SALARY (if applicable) _____

LAST TWO PLAYS PRODUCED:

_____ ROYALTIES PAID _____

_____ ROYALTIES PAID _____

AUTHORIZED SIGNATURE _____ TITLE _____

Return this completed form to **The Play Group Theatre, 1 N. Broadway, Ste. 111 White Plains, NY 10601**
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