

# PRODUCTION APPLICATION



Today's Date \_\_\_\_\_

Title of Musical/Play \_\_\_\_\_

## ORGANIZATION INFORMATION

Name of Producing Organization \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Direct Phone for Contact \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Your theater is:  Regional  Dinner  Community  Other (please specify) \_\_\_\_\_

Your theater is a member of:  LORT  TCG  AACT  NAMT  NDTA  PACT

Your organization is:  Equity (AEA)  Non-Equity Are your actors paid?  Yes  No

## PERFORMANCE SCHEDULE & VENUE INFORMATION

Opening Date \_\_\_\_\_ Closing Date \_\_\_\_\_

# of performances \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Average Audience Size \_\_\_\_\_

Ticket Price Range \_\_\_\_\_ Average Ticket Price \_\_\_\_\_ Date of First Rehearsal \_\_\_\_\_

(Musical Only) Previous Two Musicals Presented \_\_\_\_\_

(Musical Only) Royalties Paid \_\_\_\_\_

Name of Venue \_\_\_\_\_

Venue Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail, Fax or Mail completed form to

[licensing@steelespring.com](mailto:licensing@steelespring.com) · Fax: (818) 232-9158

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A Royalty Quote/License Agreement will be returned via e-mail within 72 hours.

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