Performance License Application



Thank you for your inquiry. Please fill out this form in its entirety, return it to us at your earliest convenience (By mail, or e-mail: cmichaelperry53@gmail.com), and we will be happy to assist you.

PO Box 536 Newport, ME 04953-0536 website: www.leicesterbaytheatricals.com

Today's Date:	Name of Show(s) requested (up to three titles):
Your Account Number:	
(Leave blank if unsure)	
Your Name:	
Your Title:	Additional Catalogue Requested: Yes
Organization Name:	Name of Performance Venue (Theatre):
Mailing Address:	Address:
City:	City:
State: Zip:	State: Zip:
Country:	Country:
Organization Phone:	Opening Date:
Organization FAX:	Closing Date:
Website:	Maximum Seating Capacity:
Your Phone:	Average Audience Size:
E-mail:	Top Ticket Price:
Shipping Address of Organization:	Lowest Ticket Price:
(If different from the address above.)	Total Number of Performances:
	The Number of Performances in Each Month:
	Month:Performances:
	Month:Performances:
(Note: We use Priority Mail Services.)	Month:Performances:
	Month:Performances:
Your organization type is:	Month:Performances:
Equity (AEA): Yes	
Non-Equity: Yes	It is unwise to plan any performance prior to
Your organization category is:	receiving our permission to perform the musical
Community Theatre: Yes	you are interested in. Merely applying for the
High School: Yes	rights does not guarantee your organization's
Middle School: Yes	approval for production (there are many factors
Other (specify): Yes	to be considered in granting rights); nor does receiving a quote from us obligate you to a
	production.
Are performers paid? If so, please provide salary	We thank you for your interest in our properties.
range:	We hope that we will be able to accomodate your

request.