

**NONPROFESSIONAL/EDUCATION PERFORMANCE RIGHTS APPLICATION**

Please fill out the following information and fax to Upstart Crow Publishing, 416-690-4333.

---

**Production Information**

Title of Play: \_\_\_\_\_

Opening Date (mm/dd/yy): \_\_\_\_\_ Closing Date (mm/dd/yy): \_\_\_\_\_

Total Number of Performances: \_\_\_\_\_

Name of Theatre: \_\_\_\_\_

Seating Capacity of Theatre: \_\_\_\_\_ Ticket Price Range: \_\_\_\_\_

Expected Gross Receipts (for the Run): \_\_\_\_\_

Actors' Weekly Salary (if applicable): \_\_\_\_\_

**Contact Information**

Your Name and Position/Title: \_\_\_\_\_

Producing Organization/School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Billing Information** (if different from above)

Company/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_