

PROFESSIONAL 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): _____

Name of Theatre: _____

City: _____ Province/State: _____

Seating Capacity of Theatre: _____ Ticket Price Range: _____

No. of Weeks: _____ No. of Performances/Wk: _____ Total No. of Performances: _____

Possible maximum weekly gross: _____

Possible maximum gross for run: _____

Is every Actor paid: _____ Average Actors' Weekly Salary: _____

Contact Information

Your Name and Position/Title: _____

Producing Organization: _____

Artistic Director: _____

General Manager: _____

Mailing Address: _____

City: _____ Province/State: _____

Postal Code/Zip: _____ Country: _____

Tel: _____ Fax: _____ Email: _____

Authorized Signature: _____ Date: _____