



## LICENSING REQUEST FORM

Please fill out and email this form to [TheExes.OffBroadway@gmail.com](mailto:TheExes.OffBroadway@gmail.com) for consideration.

### ORGANIZATION INFORMATION

Organization name: \_\_\_\_\_ Your Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

Other Authorized Names: \_\_\_\_\_ Website: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Non-professional Theatre:

Community Theatre  College or University  Other: \_\_\_\_\_

Professional Theatre:  Equity  Non-equity

### PRODUCTION INFORMATION

First Performance: \_\_\_/\_\_\_/\_\_\_ Last Performance: \_\_\_/\_\_\_/\_\_\_ Number of Performances: \_\_\_\_

Lowest Ticket: \_\_\_\_ Highest Ticket: \_\_\_\_ Average Ticket: \_\_\_\_ Expected Attendance per Performance: \_\_\_\_

Venue Name: \_\_\_\_\_ Venue Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full Name (Print): \_\_\_\_\_ Signature : \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_