

Individual Rights application & permission form

PRODUCTION INFORMATION

Account Number:			
Name of Performer:			
Address:			
City:	State:	_Zip Code:	_Country:
Phone Number: ()	Fax I	Number: ()	
Faculty Advisor's Email:			

DEAR LICENSING AGENT,

l am a student at				lo (school name)			ocated ina			an	nd I have been selected to		
				(scho	ol name)				(city, state)			
perform	in the Indiv	vidual Eve	nts pro	ogram a	as part of t	he	(etition)	STATE	REGI	ONAL	Competition	to be held
				_ in _			I am aski	ng for written pe	ermission from	you to use	mater	rial represented	by your
(begin da	·	(end date	-		(city, s	·							
compan	y in the per	formance	e. The	selectio	on I would	like to perforr	mis 🗌 A S	ONG 🗌 A SCE	NE called:				
						(Na	ame of Song or S	cene#)				_	
		fron	n				bv	-	Author(s))				
					(Name of S	how)		(Author(s))				
			The to	tal peri	formance	time of my se	election will k	e approximate	ly r	ninutes.			
			needec	d please	enclose c	ı check or mo	ney order po	<i>ayable to</i> Music	for copying an Theatre Interna Id an additiona	ational <i>or fil</i>			
	DIT CAI					•	e MTI to char	ge my credit ca	rd \$				
🗌 Visa	a 🗌 Ma	sterCard	🗌 A	merica	n Express	Discove	r Name	on Card:					
Card Nu	umber:								Exp. C	ate:		1	
City:					Stat	e:		Zip Code:		Coun	try:		
	5 1	5				zed for billing r perusal mate		s ordered or inc	omplete inform	ation enter	ed abo	ove may result i	n a delay of

By signing below you certify that you are the authorized agent for this production, have the authority to make this request, and that the information you have provided on this application is accurate.

Print Your Name

Signature

Date

A countersigned copy of this document will serve as Music Theatre International's permission for the above named student(s) to perform the selection listed above at the state, regional, and national level for once calendar year from the date below.