

THE PURPLE ROSE THEATRE COMPANY

APPLICATION FOR PERFORMANCE RIGHTS

Submitting this application does not guarantee approval for production rights.

address: 137 Park Street, Chelsea, MI 48118
fax: (734) 475-0802
email: licensing@purplerosetheatre.org

A script order must be placed through the PRTC at the time of application; the default minimum order will equal the number of characters or the minimum number of actors required to cast the play, whichever is least. *Please allow 4-6 weeks for processing.*

PRODUCTION INFORMATION

Title of Play: _____

Author(s): _____

Venue: _____

Address: _____

City: _____ State: _____ ZIP: _____

Opening Date: _____ Closing Date: _____

Total Number of Performances: _____ Seating Capacity: _____

Ticket Price Range: _____ Weekly Actor Salary: _____

Number of Scripts Needed: _____ check for minimum order

Please note: payment information for scripts will be collected and processed following approval for production rights.

CONTACT INFORMATION

Contact Name: _____

Title: _____

Organization/ Company Name: _____

Organization Type (check one): commercial 501(c)3 non-profit community

educational other: _____

Actors Equity Association: yes no If yes, contract type and tier: _____

Billing Address: _____ same as above

City: _____ State: _____ ZIP: _____

Business Number: _____ Fax Number: _____

E-mail: _____

Web Site: _____

For contests, festivals or conference performances, briefly describe length and requirements of cutting requested:

Name of the sponsoring organization: _____