

License Application

DEBORAH JOHNSON • DJWORKS MUSIC • DJWORKS MEDIA

Please fill out entire form! This will help us to help you!

ORGANIZATION INFORMATION



Organization Name _____
Organization Address: _____
Full name of entrant: _____
Other authorized names: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone (O): _____ Phone (C): _____
Email: _____ Website: _____

Non-Professional Theatre: ☐ Community Theatre ☐ School: Level _____ ☐ Religious Group:
Name _____ ☐ HomeSchool: Name/Level _____

Professional Theatre: ☐ Equity ☐ Non-Equity _____

Name of MUSICAL REQUESTED _____

PRODUCTION INFORMATION

First Performance: ____/____/____ Last Performance ____/____/____ No. of Performances _____
Total Number of Seats: _____ Lowest Ticket \$ _____ Highest Ticket \$ _____ Average Ticket \$ _____
Expected Attendance per Performance: _____ Venue Name: _____
Venue Contact: _____ Venue Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone (O): _____ Phone (C): _____

DIGITAL PRODUCTION

Will you be recording your performance for streaming? _____ How many times? _____

Note: With your performance license you are permitted to stream ONCE for each performance. If you want to keep a recording after your performance for archival purposes, you can get an Archival Video License. However, an Archival Video license DOES NOT allow you to keep your recording on a video-sharing website beyond the dates of your run and your digital platform should be defined as a private, secure (password protected) platform that only allows access to invited and/or paying viewers. Additional fees will apply for any other type of streaming.

ADDITIONAL REQUESTS

Perusals: Libretto/Vocal books are available on perusal. You may use the materials for 6 weeks.
There is a **\$20**/shipping/handling charge for each perusal package ordered if a hard copy is requested.
Reference Recording: There is a **\$20** shipping/handling charge for each title ordered. (CD format)
You will receive an emailed invoice as we accept most payments online.

Show: _____ Hard Copy ☐ \$20 Reference Recording: ☐ \$20

Show: _____ Hard Copy ☐ \$20 Reference Recording: ☐ \$20

AUTHORIZATION

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

Email

Phone