

# PRODUCTION RIGHTS REQUEST FORM



## FOXTALES PUBLICATIONS

### Contact Details

Contact Name \_\_\_\_\_ Date \_\_\_\_\_ Contact Organization \_\_\_\_\_

Organization Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Name of Organization Producing Play (Licensee)

Organization \_\_\_\_\_

Organization Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Printed Name of Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

### Type of Organization

Professional    Community Theatre    University    High School    Middle/Junior High    Other (describe): \_\_\_\_\_

### Performance Information

Play Title:     BACYARD STORY    # of Scripts: \_\_\_\_\_    # of Piano/Vocal Scores: \_\_\_\_\_

FOXTALES    # of Scripts: \_\_\_\_\_    # of Piano/Vocal Scores: \_\_\_\_\_

SLAVEMAKER    # of Scripts: \_\_\_\_\_    # of Piano/Vocal Scores: \_\_\_\_\_

Performance Dates \_\_\_\_\_ to \_\_\_\_\_ Total Number of Performances \_\_\_\_\_

Performance Facility \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Billing Entity

Organization to be Invoiced \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Contact Name \_\_\_\_\_ Title \_\_\_\_\_

**(Not same name as Authorized Representative above—this must be a contact person handling invoices/Purchase Orders)**

Phone \_\_\_\_\_ Email \_\_\_\_\_

Taxpayer ID#: \_\_\_\_\_  Fax Invoice to: \_\_\_\_\_  Email Invoice to: \_\_\_\_\_  Mail Invoice

**When you return this form to Foxtales Publications, we will send you a Production Contract to keep, and a Contract Confirmation Form to complete and return**