

 **License Application**
KING ISLAND CHRISTMAS

Name of Producing Organization: _____

Address: _____

Telephone: () _____ Fax: () _____

Email: _____ Website: _____

Box Office Telephone: () _____

Contact Person: _____

Theatre Name and Location: _____

Seating Capacity: _____ Total # of Performances (including previews): _____

Ticket Prices: Low: _____ High: _____

Performance Dates:

Previews: _____ Opening: _____ Closing: _____

For Amateur Performances, please check all that apply:

- | | | |
|--------------------------|-------------------------------|-----------------------|
| _____ Elementary School | _____ Middle/Jr. High School | _____ High School |
| _____ College/University | _____ Community Theatre | _____ Religious Group |
| _____ Military | _____ Camp/Youth Organization | _____ Other |

For Professional Theatres:

Non-Equity: _____ Equity: _____ Equity Rating: _____

of Paid Actors: _____ Average Actor's Weekly Salary: _____

of Singers in Your Production: _____ # of Singers in Back-Chorus (if applicable): _____

Will you use Piano Only?: _____ or Orchestrations?: _____

if so, How Many Instruments?: _____

Please Indicate Number of Instruments:

_____ Keyboard	_____ Guitar	_____ Percussion	_____ Violin
_____ Viola	_____ Cello	_____ Bass	_____ Harp
_____ Oboe	_____ Bassoon	_____ Clarinet	_____ Flute
_____ Piccolo	_____ Horn	_____ Trumpet	_____ Trombone
_____ Tuba			_____

By what date do you need to receive rental scores and materials?: _____

Past Production History

Last Three Musicals Produced

Royalty Paid

Rental Paid

_____	_____	_____
_____	_____	_____
_____	_____	_____

Return Completed Application to:
OVER THE MOUNTAIN MUSIC

c/o Deborah Brevoort

Email: ContactDBrevoort@aol.com

Phone: (201) 868-7094 Fax: (806) 734-5078

MAIL:

OVER THE MOUNTAIN MUSIC
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North Bergen, NJ 07047