



# THE LAST BEST PLAYS®

Box 1152 Polson MT 54980 (406) 883-9212 portpolsonplayers@centurytel.net  
Serving to the needs of the small contemporary American theatre.

## PERFORMANCE RIGHTS APPLICATION

(please print or type)

Your name \_\_\_\_\_ Position \_\_\_\_\_

Producing organization \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Shipping address (if different) \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Title(s) of play(s) requested \_\_\_\_\_

Perusal material requested \_\_\_\_\_

Full name of performance venue \_\_\_\_\_

Address of performance venue \_\_\_\_\_

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

Seating capacity \_\_\_\_\_ Ticket price range \_\_\_\_\_

Performance dates \_\_\_\_\_ Total performances \_\_\_\_\_

Theatre status (equity, non-equity, community, children's, summer stock, school) \_\_\_\_\_

Your last play produced? \_\_\_\_\_

Is this your first play produced through *The Last Best Plays*®? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like a current listing of other available titles? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if YES, please include a #10 SASE with your completed PERFORMANCE RIGHTS APPLICATION form)

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** This application in no way implies permission to produce specified plays. All plays subject to royalties, quoted upon receipt of application, at which time a license will be issued pending completion and payment of applicable royalties. Rehearsal materials are shipped to coincide with beginning rehearsal date – please specify.