

# TRYPs Children's Theater

## THEATER REACHING YOUNG PEOPLE & SCHOOLS

2300 Bernadette, #918 • Columbia, MO 65203

FAX 449-4548 • (573) 449-4536

www.trypskids.com • tryps@me.com

TITLE OF PLAY: **DREGS**

NAME: \_\_\_\_\_ OFFICIAL POSITION: \_\_\_\_\_

NAME OF PRODUCING ORGANIZATION: \_\_\_\_\_

STREET: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRODUCTION STATUS: Student \_\_\_\_\_ Amateur \_\_\_\_\_ Non-Equity/Paid Actors \_\_\_\_\_ Equity \_\_\_\_\_

**PRODUCTION INFORMATION:** Performance Dates: \_\_\_\_\_

NUMBER OF PERFORMANCES: Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

**PERSUSAL SCRIPT:** \_\_\_\_\_ (\$15/each) # OF PERFORMANCES SCRIPTS: \_\_\_\_\_ (\$5/each)

**VENUE / LOCATION OF PERFORMANCE:** \_\_\_\_\_

STREET: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BOX OFFICE / TICKET INFORMATION:**

ADMISSION PRICE: Adults \$ \_\_\_\_\_ Seniors \$ \_\_\_\_\_ Children \$ \_\_\_\_\_ Students \$ \_\_\_\_\_

OTHER TICKET PRICES (Subscription, group rates, advance door rates, etc.): \_\_\_\_\_

**COMPETITION/CUTTING:** Competition? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which competition? \_\_\_\_\_

Do you need permission to cut this play? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is your time limit? \_\_\_\_\_

**EQUITY / PROFESSIONAL PRODUCTIONS:** Title of the last two plays produced and name of licensing company:

1. \_\_\_\_\_

2. \_\_\_\_\_

Gross receipts for all performances of last play produced: \$ \_\_\_\_\_

Average ticket prices for last play: \_\_\_\_\_ Total number of performances for last play: \_\_\_\_\_

**TOURING INFORMATION:** Will you tour this show? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, the following information is required:

NUMBER OF PERFORMANCES: Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

GEOGRAPHIC LOCATION OF TOUR: \_\_\_\_\_

ARE TOURING DATES FINALIZED? Yes \_\_\_\_\_ No \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_