

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: **THE SELFISH GIANT**

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) **PERUSAL VOCAL CD (\$10/each)** – Return perusal material within 30 days

OF PERFORMANCES SCRIPTS: _____ (\$5/each) **MUSIC:** Piano Scores Needed: ONE -or- TWO

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: _____