## **INDIVIDUAL RIGHTS APPLICATION & PERMISSION FORM**

Name of Performer

MIOSIC INTERINE INTERNATIONAL 421 West 54th Street, New York, NY 10019 (212) 541-4684 • Fax (212) 397-4684 www.MTIShows.com • Licensing@MTIShows.com

Grand And And And And And And And And And A	Address		
	City, State, Zip	Phone	Fax
	Performers Faculty Advisor/Sponsor	Organization	
421 West 54th Street, New York, NY 10019 (212) 541-4684 • Fax (212) 397-4684 www.MTIShows.com • Licensing@MTIShows.com	Phone	Fax	
ear Licensing Agent:	Faculty Advisor s E-mail		
	located in ol Name)		, and I have been
(Scho) ected to perform in the Individual	ol Name) Events program as part of the	(City, State)	
STATE BREGIONAL Compet	ol Name) Events program as part of the ition to be held// to/_/ (Date) (Date)	(Name of Competition)	
	(Date) (Date)	(City, St	ate)
	cted to perform my piece at the Internation	iai Thespian Conference of	at the ACTF Hene Kyan
holarhip Competition.			
am asking for written permission fro	om you to use material represented by your	r company in the performan	nce.
ne selection I would like to perform	is 🗖 a song 🗖 a scene		
	(Name of Song) or (Scene #)		
from	(Name of Song) or (Scene #) f Show)		
Name of (Name of The total performance time	t Show) of my selection will be approximately	(Author(s)) minutes.	
-	ne music or scene. I have enclosed \$15.00		
□ I will need a copy of th	ie music or scene. I have enclosed \$13.00	for copying and snipping.	
	ose a check or money order payable to Music Your music is needed within 10-15 days plea		
Amount to be charged: \$	S UISA DASTERC	Card 🗖 Amex	
Card Number:	E	xpiration Date/	
Name (as it appears on ca	RD):		
Billing Address of Credi	tt Card:		
	(City, State,	Zip)	
I Agree To Pay The Above	e Listed Amount		
	(Signature of C	Card Holder and Date)	

A countersigned copy of this document will serve as Music Theatre Internationals permission for the above named student(s) to perform the selection listed above at the state, regional and national level for one calendar year from the date below.