Account Number:				
Name of Performer:				
Address:				
City:	State:	Zip Code:	Cou	ntry:
Phone Number: ()		Fax Number: ()	
Faculty Advisor's Email:				
DEAR LICENSING AGENT,				
am a student at(school na		located in		and I have been selected
perform in the Individual Events program as p	art of the	me of competition)	STATE R	EGIONAL Competition to be he
	(city, state)			
	ame of Show)			
	,	by		
The total perform	ame of Show)	bytion will be approximate	ely minutes	
The total perform	ame of Show) nance time of my select copy of the music or sca	tion will be approximate ene. I have enclosed \$1	ely minutes 5 for copying and shipp Theatre International of	ing. or fill out the enclosed
I will need a least end of the control of the contr	ame of Show) nance time of my select copy of the music or soc close a check or money our music is needed with	tion will be approximate ene. I have enclosed \$1: corder payable to Music hin 10-15 days please a	ely minutes 5 for copying and shipp 5 Theatre International add an additional \$10.00	ing. or fill out the enclosed for express shipping.
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Date

Music Theatre International Representative