



LARGE GROUP MUSICAL THEATRE APPLICATION

Organization Name Account Number (if known)
Address
City, State, Zip/Postal
Phone EMAIL - print legibly please!

Dear Licensing Agent:

Organization Name located in City, State, will perform in the Large Group category of the IHSSA competition to be held from Date to Date. We request written permission from TRW to use the intellectual property named below in our performance. The performance selection is: a song a scene both

Name of song and/or Scene #
from Name of Show by Authors

By signing below, I agree to the TRW terms and rules as described on the attached page/IHSSA website.

Signature PRINT Name
Title/Position Date

Our group will need materials to perform the music and/or scene. Enclosed is \$25.00 for digital materials. To receive materials digitally, I have included my email address printed legibly above (next to phone number).

Please enclose check, money order, or PO issued to Theatrical Rights Worldwide or complete the Credit Card information below.

AMOUNT TO BE CHARGED: \$25.00 VISA MASTERCARD AMEX

Card Number Expiration Date (MM/YY) Card Security Code

Name (as it appears on card) PLEASE PRINT LEGIBLY

Billing Address

City, State, Zip/Postal

I AGREE TO PAY THE ABOVE-LISTED AMOUNT SIGNATURE

A countersigned copy of this document will serve as THEATRICAL RIGHTS WORLDWIDE's permission for the above named organization to perform the selection listed above at the district and state level for one school calendar year from the date below.

Theatrical Rights Worldwide Representative Title/Position Date