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Date				PO#		
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Your Name		Your position				
Group or School Name						
Mailing Address						
City		State			Zip/Postal Code	
Telephone		FAX				
Email						
Theatre Name						
Theatre Seating Capacity Ticket Price Range						
Title of Play					Author o	f Play
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Production Dates						
Total Number of Performances			Number of Performance per Week			
Expected Gross Receipts			Expected Gross Receipts			
per Performance			for the Run			
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Authorized Signature						
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Comments						

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