



**ArtAge**  
Publications

**Senior Theatre Resource Center**

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**ROYALTY PAYMENT FORM**

Date \_\_\_\_\_  
Name \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Web \_\_\_\_\_

**NAME OF SHOW or SHOWS:** \_\_\_\_\_

**NUMBER of PERFORMANCES:** \_\_\_\_\_

**SHOW LOCATIONS:** \_\_\_\_\_

**PERFORMANCE DATES:** \_\_\_\_\_

**AMOUNT PER SHOW:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**PAYMENT:** Check \_\_\_\_\_ Invoice \_\_\_\_\_ Visa/MC \_\_\_\_\_ Paypal Request \_\_\_\_\_

# \_\_\_\_\_ Exp \_\_\_\_\_ Address same as above? \_\_\_\_\_

Royalty is payable two weeks prior to show dates. Submit this form with payment.

**Have a great show—break a leg!**