



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!