



**Licensing Request Form: Choreography
Martha Graham Resources and Licensing**

Please provide the following information:

Name of Company, School or Organization:			
Project Director:			
Contact Information (phone#, email):			
Name of person authorized to receive/sign agreement:			
Contact Information (phone#, email):			
Title of Graham ballet:			
Number of performances:		Performance Dates:	
Venue Name:		Venue Size:	Ticket Price:
Direction:	<input type="radio"/> In-house Graham Regisseur Name:	<input type="radio"/> Visiting Regisseur Name:	<input type="radio"/> Both
Rehearsal Dates:		Approx. Hours of Rehearsal:	
Costumes: <input type="radio"/> Leased from Martha Graham Resources			
Music (check one): <input type="radio"/> Performed live <input type="radio"/> Recorded*	*Format of audio for rehearsals:		*For performance:

Additional information/details about this production: _____

