



Methuen Drama Performance Permission Request

Your Details

Name* _____

Company/School* _____

Address* _____

Postcode* _____ Country* _____

Daytime Tel* _____

Fax _____ E-mail _____

Whom to invoice (if applicable) _____

Invoice Address (if different from above) _____

Dramatisation/Performance

Title of Play* _____

Author* _____

ISBN _____

Number of performances requested* _____

Dates of performances requested* _____

Performance Venue* _____

Venue Capacity* _____

Ticket Prices* _____

Nature of performance*(delete as appropriate) Amateur / Professional

Additional information _____

Prop

Title of Production _____

Production Company _____

Format (TV/Film etc) _____

Description of Usage _____

Territory for Distribution _____

Please provide a synopsis.

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**Asterixed fields are mandatory and incomplete forms will not be processed.
Please allow up to 8 weeks for the clearance process.**

Thank you

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