

THEATRE MAXIMUS

Licensing Agent for *GODSPELL*

1650 Broadway, Suite 601, New York, New York 10019

(212) 765-5913 Fax: (212) 265-0207

Email nvpdanan@aol.com

Please clearly print or type information.

Name (Individual/Company/Organization): _____

Contact Person (Company/Organization): _____

Title/Position (Company/Organization): _____

Address – Street: _____

Suite or Building Number: _____

City and State/Province: _____

Zip/Postal Code: _____

Telephone (include extension): _____

Fax: _____

E-Mail: _____

Web Site: _____

Billing Address - Street if different than above _____

Billing Suite or Building Number: _____

Billing City and State/Province: _____

Billing Zip/Postal Code: _____

PLEASE CONTACT ME REGARDING *GODSPELL THE MUSICAL*

Please have a representative: Call Me Fax Information Mail Information

What is the best time of day to contact you? Between _____ AM and _____ PM (i.e. 8AM & 5PM ET)

Has your group/organization performed *Godspell* before? YES NO

If Yes, when? _____

When are your planned run dates for *Godspell*? From: _____ To: _____

How many seats does your performance space have? _____

What is/are your ticket price(s)? \$ _____, \$ _____, \$ _____, \$ _____

May we add you to our mailing list? Yes No

Additional information, comments or questions: _____

