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STAGED PERFORMANCE REPORT FORM

Please complete and either scan and email, fax or mail it to our office at the contact information above.

Organization Name: _____ Date: _____ (D/M/Y)

Address: _____

Artistic Director: _____ General Manager: _____

Performance Hall: _____

Seating Capacity: Maximum _____ What percentage do you expect to sell? _____ %

Box Office: (Per Performance) Maximum \$ _____ Your budget \$ _____

If NOT receiving box office, Guaranteed Fee \$ _____

Ticket Prices (without tax) Adults \$ _____ Students/Seniors \$ _____

Title: _____ Composer/Arranger: _____

Will you perform: 1. Complete work? _____ 2. Excerpts? _____ If excerpts which ones & duration? _____

What percentage of the evening does this work represent? _____ What other works, if any, are on the program? _____

Number of Performances: _____ Dates: _____

If this is a tour, please specify the cities you will be in and on what dates. Please attach a separate page if necessary.

Will this be broadcast? 1. Radio? _____ 2. T.V.? _____ Network: _____ Nationally? _____

English Canada only? _____ French Canada only? _____ Locally only? _____ Internet streamed? _____

APPLICATION FOR THIS MUST BE MADE AT LEAST 30 DAYS IN ADVANCE OF PERFORMANCE

Are orchestral materials required? _____ If so, how many strings? 1st vln _____ 2nd vln _____ vla _____ vlc _____ db _____

Full scores _____ Orchestra required date _____

OR Will piano only be used? (1 or 2) _____ OR Will tape accompaniment be used? _____

Will Chorus scores be required and if so how many? _____ Required date _____

Main Soloists: _____

Conductor: _____ Director: _____

Designers: Stage _____ Costumes _____

Choreographer: _____

Comments: _____

Name: _____ Position: _____