

# STAND UP! SHOW LICENSING APPLICATION

Please provide the following information:

Date of request \_\_\_\_\_

School, Theatre and/or Producing Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact person \_\_\_\_\_

Position \_\_\_\_\_

Telephone number \_\_\_\_\_

Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Website \_\_\_\_\_

Performance dates \_\_\_\_\_

Number of performances needed \_\_\_\_\_

Are your performances for the public \_\_\_\_\_ or for school \_\_\_\_\_

Seating capacity or how many students will stand up! Be presented to? \_\_\_\_\_

Will there be an admission charge? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what will the charge be for each category listed

Teen \_\_\_\_\_

Adult \_\_\_\_\_

Group \_\_\_\_\_

What type of organization are you?

Educational \_\_\_\_\_

Amateur \_\_\_\_\_

Professional \_\_\_\_\_



**Please mail or e-mail  
this completed form.**

**E-mail: [Diana@DLMcreative.com](mailto:Diana@DLMcreative.com)**

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60137**