

Kaleidoscope Theatre Performance Rights Application

Date_____

Applicant Type (Choose one)

_____ Individual

_____ School

_____ Community Theatre

_____ Student Organization

Organization_____

Street _____

City_____

State_____

Zip/Postal Code_____

Country_____

Telephone_____

FAX_____

Email_____

Title of script to be leased_____

Number of performances_____

Please forward this to Kaleidoscope Theatre in one of the following ways:

1. FAX to 401-942-3637
2. Scan and email it to: Marianne@KaleidoscopeTheatre.com
3. Mail it to Kaleidoscope Theatre
PO Box 356
Barrington, RI 02806