
VIDEO PERMISSION FORM

(Nonprofessional Performances)

Creative Classics Scripts
P O Box 70
Fall Creek, WI 54742
Toll Free: 1-877-776-4369

Name: _____

Organization: _____

Street Address: _____

City: _____

State/Province: _____ Zip/Postal: _____ Country: _____

Phone: (____) _____ Fax: (____) _____

E-mail Address (for order confirmation): _____

Title: _____

Performance Dates: _____

Initial Video Rights Fee (\$100 initial fee): _____

Total Video Sales: _____

(documentation must accompany form)

Video Royalty (total sales x 5%): _____

Subtotal: _____

WI Residents add 5% tax: _____

Total Due: _____

I, the undersigned, do hereby confirm that all the above information provided is true and correct to the best of my knowledge.

Signature: _____

Print Name: _____

Date: _____

Payment of the above fees grants the payee permission to videotape the above-referenced play and sell video copies of the play for 12 months from the date of performance. Videotape and sales rights may not be transferred. Creative Classics Scripts retains full copyright to the play and production. No other reproduction, electronic or otherwise, is permitted.