



**Licensing Request Form: Film/Photographs  
Martha Graham Resources and Licensing**

!

Please provide the following information:

Name of Company, School, Organization:			
Project Director:			
Contact Information (phone #, email):			
Media (check one or both): <input type="checkbox"/> Photographs <input type="checkbox"/> Film/Video			
Please describe your request:			
Media Use (check all that apply):			
<input type="checkbox"/> Book	Title/Author:	Print Run:	Price:
<input type="checkbox"/> Museum	Exhibition Title/Dates:	Location:	Entry Fee:
<input type="checkbox"/> Classroom	Name of Institution:	Name of Class:	
<input type="checkbox"/> Other (please describe):			

Additional information/details about this production: \_\_\_\_\_  
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Contact [mgresources@marthagraham.org](mailto:mgresources@marthagraham.org) for additional information.  
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