MARTHA GRAHAM
DANCE COMPANY

Licensing Request Form: Choreography
Martha Graham Resources and Licensing

Please provide the following information:

Name of Company, School or Organization:			
Project Director:			
Contact Information (phone#, email):			
Name of person authorized to receive/sign agreement:			
Contact Information (phone#, email):			
Title of Graham ballet:			
Number of performances:		Performance Dates:	
Venue Name:		Venue Size:	Ticket Price:
Direction:	○ In-house Graham Regisseur Name:	○ Visiting Regisseur Name:	○ Both
Rehearsal Dates:		Approx. Hours of Rehearsal:	
Costumes: ○ Leased from Martha Graham Resources			
Music (check one): ○ Performed live ○ Recorded*	*Format of audio for rehearsals:	*For performance:	

Additional information/details about this production: _____

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Contact afini@marthagraham.org for additional information.
55 Bethune Street, New York NY 10014 • 212.229.9200 •www.marthagraham.org