

Norton Clapp Theatre
University of Puget Sound
Request for Amateur Rights

Play Title _____

Playwright _____

Agent
Contact, email, phone, fax, comments

Performance Space *seats* _____

Performance Dates _____

Number of Performances _____

Admission charged _____

Actors Paid _____

Licensed scripts requested
Title, ISBN, quantity, source

Director _____ Date: _____

Senior Festival
Directing 313 One Acts
Faculty Directed