

Equity Use

Date Received:

Show Name:



LOS ANGELES 50-SEAT SHOWCASE CODE

Please complete and return no later than 14 days prior to first rehearsal. This form is best filled out using Adobe Acrobat.

aharma@actorsequity.org

SHOWCASE DEPARTMENT
ACTORS' EQUITY ASSOCIATION
5636 TUJUNGA AVE
NORTH HOLLYWOOD, CA 91601

1. Producing Organization

Name of producing organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Email: _____

2. Production Information

Title of Show: _____

Author(s): _____

Name of producer(s): _____

Type of production (check one): Drama Musical Revue Material is (check one): New Existing Work

Is the material in the Public Domain? Yes No

Has this material been previously produced under an AEA Code or Contract? Yes No

Name of person(s) financing this production: _____

First rehearsal date: _____ First performance date: _____ Closing date: _____

Number of performances (Maximum of 16): _____

Performance schedule: _____

Curtain time(s): _____

3. Locations

Name of performance venue: _____

Address: _____

Phone: _____ Number of seats (maximum of 50 allowed): _____

Name of rehearsal venue: _____

Address: _____

Phone: _____

(more)

