

# Link Theatrical

c/o Link Recording Studios  
42 Shunpike Road  
Summit, NJ 07901  
Phone: 908-608-3189  
linkstudios@watchfiremusic.com

## King of Hearts

### CONTRACT MADE ON BEHALF OF THE COPYRIGHT PROPRIETORS, TO BE SIGNED BY SCHOOLS AND ORGANIZATIONS PERFORMING MUSICAL SHOWS OR RENTING MUSICAL MATERIAL.

DATE: \_\_\_\_\_

We hereby agree to pay the rental and royalty fees as specified in your quotation letter relating to the performance of **KING OF HEARTS** in the English language, on the spoken stage for (# of performances) \_\_\_\_\_ performances on the following dates \_\_\_\_\_ at (name of auditorium or hall, including street address, city, state, zip code, contact name, phone number and email address):

Auditorium/Hall: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The admission prices to be charged are (prices) \$ \_\_\_\_\_

The seating capacity of the auditorium or hall is (# of seats) \_\_\_\_\_

The rental and royalty fee quotation given to us by LINK THEATRICAL for this show is \$ \_\_\_\_\_ for the first performance and \$ \_\_\_\_\_ for each additional consecutive performance.

To be considered consecutive, each performance must be presented in the same auditorium or hall and within seven (7) days of the preceding performance.

All projected performances have been listed above. We agree that no changes can be made in the dates or number of performances, capacity or

location of auditorium and/or admission prices. We agree that should we desire any changes we will immediately request your approval, and that your approval may result in an increase in the royalty and rental fees quoted by LINK THEATRICAL. LINK THEATRICAL reserves the right to approve or disapprove of any desired changes or additions to this contract. All changes or additions must be requested in writing and only become effective when approved by LINK THEATRICAL in writing. We agree that we will not announce, advertise or sell tickets for any additional performances until you have specifically licensed us to perform these additional performances.

All of the provisions of the enclosed RENTAL AGREEMENT entitled "KING OF HEARTS RENTAL INFORMATION AND AGREEMENT" including provisions made therein apply to this contract and are made part thereof.

The material rented to us shall not be copied, reproduced, sold or otherwise distributed by us or with our permission, and shall be used only for the purpose of giving the performances specified above. We also agree to collect and destroy all copies of scripts, music, band parts and conductor's scores within 10 days after the production has finished and/or at the end of the three-month licensing period.

The acknowledgement hereof or shipment of the material to us will constitute this a valid contract between us.

\_\_\_\_\_  
NAME OF SCHOOL OR ORGANIZATION

BY

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_(CHECK HERE) Use of an orchestration is required. We will want to rent the orchestration for a total of \_\_\_\_\_months before the first performance. Rental of the orchestration is \$175.00 per month and includes band parts and one (1) conductor's score.

\_\_\_\_(CHECK HERE) Use of an orchestration is NOT required. We will want to rent the rehearsal materials for a total of \_\_\_\_\_ months before the first performance. (Additional time for rehearsal materials is \$100.00 per month.)

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SIGNATURE AND TITLE

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PRINT NAME AND TITLE

PLEASE MAKE AND RETAIN A COPY OF THIS COMPLETE FOUR-PAGE CONTRACT SO THAT YOU CAN NOTIFY US PROMPTLY SHOULD ANY OF THE INFORMATION YOU HAVE FILLED IN CHANGE.

**ADDENDUM:**  
(If necessary)

<b>Costs:</b>	
Production Royalty	\$0.00
Orchestration Monthly Rental (\$175.00/mo.)	\$0.00
Additional Materials Rental (100.00/mo.)	\$0.00
<b>Total Cost:</b>	<b>\$00.00</b>

**PAYMENT INFORMATION:**

**Check One:**

\_\_\_\_\_ Enclosed is my check for \$\_\_\_\_\_

**Please make all checks or money orders payable to  
[Link Recording Studios](#)**

**(DO NOT make the check out to Link Theatrical. Your check  
will be returned to you if it is made out incorrectly!)**

**OR**

\_\_\_\_\_ I will pay by Credit Card. Please provide information below:

Credit Card: (circle one) **AMEX**    **MC**    **VISA**    **Discover**

Name (as it appears on the card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_                      Code (on back of card): \_\_\_\_\_

Tel #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_