

REQUEST FOR ASCAP/BMI/SESAC PERFORMANCE LICENSE

(Performances occurring after January 1, 2006)

Please complete and mail this form along with your payment (make check payable to Sweet Adelines International) **no later than 10 days following your event** to: Music Services Department, Sweet Adelines International, P.O. Box 470168, Tulsa, Oklahoma 74147-0168. If you have any questions, call international headquarters at 800-992-7464, ext. 120.

***NOTE:** If you are having more than one performance (show), complete a request form for each. An ASCAP/BMI/SESAC license will be issued for each performance. Fees are based on the actual seating capacity of the concert hall and the total gross revenue. Gross revenue means all money received from the sale of tickets for each performance. Music Services Department will provide the rate schedule for seating capacity over 5,000 upon request.

Chapter Name _____ Chapter # _____ Region # _____

Region Name (if this is a request for a regional event) _____

Date of Performance (*see note above) _____

Name of Facility _____

Location of Facility (city and state) _____

ASCAP RATE

Fill in the blanks and check the appropriate box for your event to calculate the ASCAP fee: *Minimum fee is \$25.00***

Ticket Price \$ _____ times Tickets Sold _____ = Gross Revenue \$ _____

Seating capacity is **0 - 2,500** - Gross Revenue \$ _____ times **.0068** = Total ASCAP Fee \$ _____
*(**or Minimum Fee of \$25.00)*

Seating capacity is **2,501 - 5,000** - Gross Revenue \$ _____ times **.0045** = Total ASCAP Fee \$ _____

Free admission event at a location with seating capacity of 5,500 or less = Total ASCAP Fee is \$25

Example: Ticket Price \$ 10 times Tickets Sold 750 = Gross Revenue \$ 7,500

With seating capacity of 1,000 multiply times .0068 = Total ASCAP Fee \$ 51.00

With seating capacity of 3,000 multiply times .0045 = Total ASCAP Fee \$ 33.75

BMI FEE BASED ON SEATING CAPACITY ONLY

SEATING CAPACITY	BMI RATE
0 - 1,500	\$20.00
1,501 - 2,500	\$30.00
2,501 - 5,000	\$50.00
5,001 - 7,500	\$68.00

ASCAP fee submitted \$ _____

(Minimum fee is \$25.00)

BMI fee submitted \$ _____

add SESAC flat fee \$ 9.50

Please complete the following if using a credit card:

Visa MasterCard EXPIRATION DATE _____

 Card owner's signature - must be signed

Total Enclosed \$ _____

Licenses will be mailed to the person listed below:

Name _____

Membership # _____

Address _____

Daytime telephone _____