

Please read carefully over the following rental request criteria and policies:

REQUEST FOR MATERIALS
G. Schirmer, Inc. - Rentals/Perusals

Fax: 845-469-7544
Phone: 845-469-4699

BASIC INFORMATION

Title: _____

Composer: _____

Date(s) of All Performances (please specify number per day as well as any run outs):

Performing Organization: _____

Performance Venues: _____

Conductor: _____

Soloist: _____

Performing Complete Work: Yes ____ No ____

List of and duration of excerpts if no: _____

If this work has chorus or vocal parts on rental, please list how many of each and specify language or transliteration: _____

DETAILS

- Recording
- Broadcasting - radio or web stream (subject to copyright approval)
- Children's Concert
- Reading

For all **recordings**, the following information will be required, with the exception of single archival copies:

Who will be distributing the recording: _____

Which record label will the recording be done with: _____

How many copies will be pressed: _____

At what price will the recording be sold: _____

Will the recording be made from a live performance or a studio session: _____

Date of recording: _____

Conductor: _____

Soloist: _____

If doing both a live performance *and* a recording, please specify any changes in conductor and/or soloist: _____

MATERIALS REQUESTED

(PLEASE LIST EXACT STRING PARTS AND NUMBER OF SCORES AS NEEDED). Strings parts 9.8.7.6.5 are supplied for all standard orchestral works along with 1 score. Additional scores and permission to augment string parts for practice purposes must be requested at the time of order and are subject to additional charges.

FOR OPERA AND BALLET REQUESTS PLEASE REFER TO OUR SEPARATE ROYALTY ORDER FORMS. THIS INCLUDES STANDARD ORCHESTRAL WORKS WITH ANY TYPE OF ADDITIONAL ARTISTIC ELEMENTS INCORPORATED INTO PERFORMANCES SUCH AS CHOREOGRAPHY, SETS, PROPS, THEATRICAL LIGHTING OR PROJECTED IMAGES.

CUSTOMER INFORMATION

All new accounts must prepay. G. Schirmer will send you a contract via EMAIL, FAX or POSTAL MAIL. No materials will be released for shipment without a returned signed contract. No exceptions.

Basic Information: Account

Name: _____

Attn: _____

Billing Address: _____

City: _____ State _____ Zip/Postal Code: _____

Country: _____

COUNTY (NY & CA only) _____

Librarian Name: _____ Phone: _____ Fax: _____

SHIPPING: **we must have a NON Post Office Box address for all shipments**

Address: _____

Shipping Method: All UPS ground unless specified by your request – additional charges will apply.

*****Materials shipped 6 weeks prior to performance, please add \$75.00 for each additional month materials are required.*****

Requested Date: _____

****YOU MUST BE LICENSED BY ASCAP AND BMI, or (in Canada) SOCAN. THIS DOES NOT APPLY TO CHURCHES OR HIGH SCHOOLS. NO EXCEPTIONS****

ASCAP# _____

BMI# _____

SOCAN# _____

ASCAP: 1-800-652-7227

BMI – existing accounts: 1-877-264-2137

BMI – new accounts: 1-877-264-2139