

ASCAP, One Lincoln Plaza, New York, NY 10023



ASCAP

Symphonic Licensing  
(212) 621-6407 Phone  
(212) 873-3133 Fax

**2001/2002 REPORT OF ADJUSTED BOX OFFICE FOR SYMPHONY ORCHESTRAS  
WHICH HAVE ANNUAL BUDGETS MORE THAN \$250,000**

**This Report and Accompanying License Fee are due by October 1, 2001.**

I. Licensee Information

1. Licensee: \_\_\_\_\_
2. Orchestra: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone: \_\_\_\_\_
5. Fax: \_\_\_\_\_
6. Website: \_\_\_\_\_
7. Music Director: \_\_\_\_\_
8. Associate/Assistant Conductors: \_\_\_\_\_  
\_\_\_\_\_
9. Executive Director/General Manager: \_\_\_\_\_
10. Executive Director's E-mail: \_\_\_\_\_
11. Librarian: \_\_\_\_\_
12. Do you sponsor a Youth Orchestra? Yes No  
*If the answer to Question 12 is Yes, Please complete; If No, Please skip  
to Part II printed on the back of this form.*
  - 12a. Name of Youth Orchestra: \_\_\_\_\_
  - 12b. Address/Phone (If different) \_\_\_\_\_  
\_\_\_\_\_
  - 12c. Conductor: \_\_\_\_\_
  - 12d. Executive Director/Manager: \_\_\_\_\_

**II. Computation of License Fee for 2001/2002 Season**

**1. Adjusted Box Office Receipts from 2000/2001 Season.**

[Gross Box Office Receipts from concerts plus concert fees for all concerts during the preceding season (2000/2001), less specified exclusions as noted in Subparagraph 5(a) of the License Agreement.]

\_\_\_\_\_

**2. License Fee Rate:**

**x .0095**

**3. Total License Fee Due:**

\_\_\_\_\_()

[line 1 multiplied by line 2]

Acct.#:

12OR, #1

Telephone:

**Certification**

I hereby certify that the foregoing Statement is true and correct as of this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

\_\_\_\_\_  
(Orchestra)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print name)