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**2017/2018 REPORT OF ADJUSTED BOX OFFICE FOR SYMPHONY ORCHESTRAS
WHICH HAVE ANNUAL BUDGETS LESS THAN \$250,000
Rate Schedule, Report Form, & Statement of Operating Policy**

This Report and Accompanying License Fee are due by October 1, 2017.

Please check here if there is a change of contact information, and indicate below.

I. Licensee Information

1. Licensee: _____

2. Orchestra: _____

3. Mailing Address: _____

4. Telephone: _____

5. Fax: _____

6. Email/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 2017/2018 Season

1. Adjusted Box Office Receipts from 2016/2017 Season.

[Gross Box Office Receipts from concerts plus concert fees for all concerts during the preceding season (2016/2017), 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]

_____ ()

OR \$ 349.00* ()

* Minimum Annual Fee (Check higher amount)

Annual License Fee For Calendar Year 2018 and Thereafter

The annual license fee set forth in this Rate Schedule will apply for the annual concert season from October 1, 2017 through September 30, 2018. Minimum Annual Fees for each subsequent annual concert season will be adjusted in accordance with the increase in the Consumer Price Index, All Urban Consumers - (CPI-U) between the preceding June and the next preceding June.

Certification

I hereby certify that the foregoing Statement is true and correct as of this _____ day of _____, 201____.

Orchestra / Account #

By: _____

Signature

Print Name

Telephone #