



THEATRICAL RENTAL REQUEST

Off-Broadway West, Ltd.

Date: _____

Completed by: _____

RENTER INFO

Name & Title:		
Organization:		<input type="checkbox"/> Non-Profit
Mailing Address:		
Billing Address:		
Phone Number(s):		
Other Contact Info:		

THEATRE INFO

Name:	
Address:	
Phone Number(s):	
Stage Dimensions:	
Theatre Capacity:	

SHOW INFO

Name of Show:	
Dates & Times:	
Load in Date:	
Strike Date:	
Cast Size:	
Min/Max Age of Cast:	

SET/EQUIPMENT INFO

Name of Set:	
List of Equipment:	
Other Services:	

THIS SECTION TO BE COMPLETED BY OBW ADMINISTRATION ONLY

Notes:			
Pricing:		Pricing good thru:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed:		Date: