

# THEATRICAL RENTAL REQUEST

## Off-Broadway West, LLC

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:          |  |                       |  |
| Stage Dimensions: |  |                       |  |
| Theatre Capacity: |  | Loading Dock or Ramp: |  |

### 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: |  |

\*Additional charges apply for loads or strikes on: Saturday= \$500, Sunday/Holiday= \$1,000