

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 of Show:		Total Number of Shows:	
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