

The Play Group Theatre®

FACILITY RENTAL REQUEST FORM

Name/Organization		
Address		
City	State	Zip
Contact Name		
Title		
Phone		
Email		
Shipping Address <small>(If different than Organization Address)</small>		
<small><input type="checkbox"/> Expedited Shipping <input type="checkbox"/> UPS 2nd Day <input type="checkbox"/> UPS Ground <input type="checkbox"/> U.S. Postal Service</small>		

Payment Type <i>(circle one):</i>	
Check# _____	MC VISA Amex Cash
TOTAL DUE \$	
<i>Card Number:</i>	
<i>Expiration Date:</i>	<i>Security Code :</i> <small>(3-digit for MC Visa; 4-digit for AMEX)</small>
CCard Billing Address <small>(If different than Organization Address)</small>	
<small><input type="checkbox"/> Security Deposit only <input type="checkbox"/> Fees and Security Deposit</small>	
<i>Signature</i>	
<small>All rentals must include valid credit card information for damage security and additional time and service requests during the rental period. Renter is responsible for any costs related to property damage or loss during the rental period.</small>	

Event/Production Information:

Event/Performance Title _____

Use Dates/Times Requested _____
(Include arrival, setup, event & post-event use time) _____

If applicable:

Opening performance ____/____/____ Closing performance ____/____/____ # of performances _____

Additional Service Requests _____
(Include equipment, technicians, ticket service, etc) _____

Submission of this request form does not create a rental contract between the parties. When available, a Use Agreement will be issued as a separate document and becomes valid when signed by both parties. Credit card information will only be retained for contracted rental periods and securely disposed after contracts are completed or if rental request is declined.

If applicable, your security deposit will be refunded after payments are received for all outstanding fees and additional service requests.

Your signature below acknowledges understanding of the above terms and conditions.

YOUR NAME _____ TITLE _____

SIGNATURE _____ DATE ____/____/____