



CONTACT INFORMATION			
PRODUCTION		CONTACT NAME	
NAME OF ORGANIZATION		PHONE	
		E-MAIL	
RENTAL TYPE (select all that apply)			
<input type="checkbox"/> SCENERY	<input type="checkbox"/> PROPS	<input type="checkbox"/> COSTUMES	
TYPE OF ORGANIZATION (select all that apply)			
<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> COMMUNITY	
<input type="checkbox"/> OUTDOOR VENUE	<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> OTHER _____	
SHIPPING INFORMATION			
ADDRESS		<input type="checkbox"/> PICK UP AT ABT	
		<input type="checkbox"/> SHIP TO RENTER	
		CITY	STATE ZIP
PRODUCTION INFORMATION			
DATE NEEDED	DATE RETURNED	PERFORMANCE DATES (OPEN-CLOSE)	# OF PERFORMANCES
RENTAL INQUIRY (please be as specific as possible)			