



MARYGROVE COLLEGE

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THEATRE USE REQUEST FORM

Today's Date _____/_____/_____

Department/Organization _____ Account Number _____

Primary Contact _____

Address _____

Phone Number() _____ E-Mail Address _____

Collaborators _____ Phone Number _____ E-Mail Address _____

Name of Production _____

Load In
_____/_____/_____

| Rehearsal Date(s) | Time In | Time Out |
|-------------------|---------|----------|
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |

| Technical Rehearsal Dates | | |
|---------------------------|-------|-------|
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |

| Performance Dates | Time One | Time Two |
|-------------------|----------|----------|
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |
| _____/_____/_____ | _____ | _____ |

| Strike | Time Out |
|-------------------|----------|
| _____/_____/_____ | _____ |

Notes

Signature _____

Date _____/_____/_____