

THEATRE RENTAL APPLICATION



To submit your rental request please fill out this form and fax it to (514) 288-8575

Date of application: _____

Company name: _____

Contact person: _____

Telephone: _____

Mailing address: _____

E-mail: _____

Type of event: _____

Title: _____

Number of setup days: _____

Number of performances: _____

Duration of performance: _____

Preferred dates: _____

Alternate dates: _____

Preferred theatre (Centaur 1 - 244 seats or Centaur 2 – 425 seats): _____

Will you require the use of our Seagram Gallery? _____

Please include any other information that may be useful:

Thank you. We will process your request and get back to you shortly.