Shell Theatre Rental Application



LICED INICODMATION

Address: 8700 84 Street

Fort Saskatchewan, AB, T8L 4P5

Fax: Website: Facebook: 780.992.6153 www.shelltheatre.ca facebook.com/shelltheatre Please send your completed Shell Theatre Rental Application to:

shelltheatre@fortsask.ca

If you have any questions please call: 780-992-6400

The information you provide on this form is used to prepare your Shell Theatre Contract. Incomplete applications will delay the process of reviewing and approving your booking. Your event is not confirmed until all applicable deposits have been paid and there is a signed contract.

Legal Name of Application Mailing Address:					
Phone #:	Fax #:		E-mail:		
Applicant Status (Check All That Apply) :					
LOCAL	YOUTH	ADULT	NON PROFIT	NON LOCAL	COMMERCIAL
Non Profit Registration #:					
USER CONTACT INFORMATION					
POSITION	NAME		PHONE	EMAIL	
Main Contact					
Signing Authority					
Production					
Marketing					
Box Office					
EVENT DETAILS					
Event Title:			Dates Requested:	1st Choice 2nd Choice 3rd Choice	
Type of Event:					
Load-in Time:	Performance T	erformance Time: ////////////////Length of Performance:			
Please provide additional information that be be useful in scheduling your event, including additional event date requests.					

FOR SHELL THEATRE EVENT USE ONLY Date of Receipt/Review:

Deposit Received: Notes: