WESTPORT COUNTRY PLAYHOUSE

Thank you for your interest in Westport Country Playhouse. Completing and submitting this application is the first step in the rental process. The next step will be to schedule an on-site meeting to prepare an accurate estimate. If this application is approved, then a rental agreement will be executed.

| ORGANIZATION | | |
|--|--------------------------|-----------------|
| NAME OF CONTACT | | |
| STREET ADDRESS | | |
| СІТҮ | STATE | ZIP CODE |
| PHONE NUMBER | FAX NUMBER | |
| EMAIL ADDRESS | | |
| NAME OF PERSON AUTHORIZED TO EXECUTE CONTRACTS | | |
| IS YOUR ORGANIZATION | | |
| FOR-PROFIT NOT-FOR-PROFIT (please attach a copy of your 501(c)) | (3) designation) | |
| SPACES TO RENT | | |
| ◯ JASON ROBARDS THEATRE | SHEFFER REHEARSAL STUDIO | |
| ○ LOBBY: ○ UPPER ○ LOWER ○ BOTH | GARDEN | |
| SMILOW LOUNGE | OTHER SPACE: | |
| TITLE OF EVENT | | |
| EVENT DESCRIPTION (use additional pages as needed) | | |
| DATE OF EVENT | PUBLIC START TIME | PUBLIC END TIME |
| YOU WILL NEED ACCESS BEGINNING AT | AND ENDING AT | |
| EXPECTED ATTENDANCE | | |
| Is your event open to the public? | YES NO | |
| Is the event part of a group sale to a Playhouse show? | ◯ YES ◯ NO | |
| Will your event be ticketed? | ◯ YES ◯ NO | |
| Do you plan to serve food and/or beverages? | YES NO | |
| APPLICANT SIGNATURE | DATE | |

Applicant hereby represents that they have made a full and complete disclosure of all information which may be pertinent to the consideration of this application. It is understood that all rentals are at the discretion of Westport Country Playhouse. Approval of this application is conditional based on a fully executed rental agreement including submission of all related documentation and deposits/fees.