



Oshawa Little Theatre Rental Agreement

Renter/Group: _____

Contact Person: _____

Business Address: _____

Telephone Number: _____

e-Mail Address: _____

Rental Dates & Times

Date	Times (from/to)

Facility Requirements:

Area	Required (Y/N)
Theatre Full Stage or Theatre Half Stage	
Backstage	
Orchestra Pit	
Auditorium	
Workshop area	
Green Room	
Change Rooms	
Makeup Room	
Rehearsal Room	
Bar/Kitchen	

Total Rental Cost: _____ Deposit: _____

Balance (due in full on first day of rental) _____

Damage Deposit (due on first day of rental) _____

Special Requirements: _____

I have read and fully understand the Terms & Conditions (attached) associated with this Rental Agreement and agree to pay the above fees.

Signature _____ Date: _____