



DOWNEY THEATRE

RENTAL INFORMATION REQUEST FORM

8435 FIRESTONE BLVD. DOWNEY, CA 90241
KIMMI PERKINS, THEATRE MANAGER
STEVEN HUMENSKI, TECHNICAL DIRECTOR

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CONTACT INFORMATION

TODAY'S DATE

ORGANIZATION NAME

CONTACT NAME

WHO SHOULD CHECKS BE MADE OUT TO

EMAIL ADDRESS

ADDRESS

PHONE NUMBER

CITY

STATE

ZIP

FAX NUMBER

IMPORTANT:

**This is only a rental information request. It does NOT secure a requested date.
NO DATE WILL BE HELD until the full rental application is returned and approved by the Theatre Manager,
AND a \$651 use deposit is received.**

REHEARSAL/PERFORMANCE DATES

DATE(S) REQUESTED

EVENT TIME(S)

DATE(S) REQUESTED

EVENT TIME(S)

DATE(S) REQUESTED

EVENT TIME(S)

DATE(S) REQUESTED

EVENT TIME(S)

DATE(S) REQUESTED

EVENT TIME(S)

DATE(S) REQUESTED

EVENT TIME(S)

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EVENT TIME(S)

DATE(S) REQUESTED

EVENT TIME(S)

EVENT TYPE (PLEASE CHECK ALL THAT APPLY)

DANCE

PLAY

MUSICAL THEATRE

ORCHESTRA

CONCERT

OTHER _____

REFERENCES

VENUE NAME

CONTACT NAME

CONTACT PHONE

CONTACT EMAIL

VENUE NAME

CONTACT NAME

CONTACT PHONE

CONTACT EMAIL

VENUE NAME

CONTACT NAME

CONTACT PHONE

CONTACT EMAIL

For Office Use Only
Use Deposit Received _____

Check No. _____

Amount _____

Staff Initials _____

Approved Date of Performance _____