



THE MADRID THEATRE

APPLICATION FOR PRODUCTION/
REHEARSAL/EVENT BOOKING

Title: _____

Organization: _____

Auth. Representative: _____		Position: _____	
Address: _____			
City: _____		State: _____	Zip Code: _____
Phone (Day): _____		(Eve): _____	
Fax: _____		Cell: _____	
Email: _____			

Which best describes your proposed activity?

- Rehearsal
 Theatrical Presentation
 Concert
 Meeting/Seminar
 Comedy/Drama/Musical Theatre
 Filming
 Other: _____

Briefly describe your proposed activity: _____

Please list the dates you are requesting for your event:

	DATE	START TIME	END TIME	ACTIVITY
<u>FIRST CHOICE</u>				
<u>SECOND CHOICE</u>				
<u>THIRD CHOICE</u>				

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Please describe any sets, props, or equipment that you plan to bring into the Madrid Theatre
(Subject to approval of the MT TD): _____

Will you need to use Stage Lighting? Yes No

Will you need to use the House Sound System? Yes No

Will you need to use the MT Spotlight? Yes No

Will you require MT to provide a Deck/Stage Manager? Yes No

How many people will attend Rehearsals? _____

How many people will attend the Performance(s)/Event(s)? _____

Is open flame (candles, cigarettes, cigars, prop suns, flash boxes, or any other incendiary device) a part of your production? Yes No

If yes, please explain: _____

Do you have any specific requests or is there other information that you would like us to know?

Please attach or send a brief description of the background, activities, and purpose of the producing organization

501(c) 3 ORGANIZATIONS:

FOR **TIER 2** CONSIDERATION: please attach a copy of the determination letter from the IRS confirming your status.

FOR **TIER 3** CONSIDERATION: Include information regarding any City of LA Cultural Affairs grants you may have.

To the best of my knowledge, the above information is true and correct. I hereby attest that I am empowered to act and sign documents on behalf of the individual or organization requesting space and to bind that organization to perform pursuant to such documents.

Printed Name

Title/Position

Signature

Date

When completed, please mail or fax this application with any supporting documents to:

Madrid Theatre

c/o Chris Riedesel, Theatre Manager
21622 Sherman Way
Canoga Park, CA 91303

Phone (818) 347-9419
Fax (818) 347-9841
Email info@madridtheatre.org