



Rental Request Form Main Stage 4th Street Robertson Room

THIS FORM MUST BE COMPLETED TO BE CONSIDERED FOR THE DATE REQUESTED

CONTACT INFORMATION

Organization: _____ Non-Profit Yes No

Name of person signing contract: _____

Name of contact person (if not same): _____

Address: _____ Phone(s): _____

Email: _____

EVENT INFORMATION

ALL TICKETED EVENTS MUST USE THE CAPITOL THEATRE BOX OFFICE

Event name: _____

Date(s) requested: _____ Time(s) requested: _____ Attendance expected: _____

Event description: _____

Ticketed Event? Yes No Ticket Price Range: _____ On-sale date: _____

Will you be selling merchandise? Yes No

Serving Food Serving Alcohol Type of Permit _____

For Ticketed Events

Ticket Sales Contact: _____

Marketing Contact: _____

Merchandise Contact: _____

EVENT SCHEDULE

Load-in: _____ Load-out: _____ Doors open: _____ Event begins: _____ Event ends: _____

Decorating date: _____ time: _____

Rehearsal date(s): _____ time: _____

Pre-show event begins: _____ ends: _____

Post-show event begins: _____ ends: _____

TECHNICAL NEEDS

Technical rider? Yes No (If yes please attach)

Sound/AV

- Live Music
- Recorded Music
- Video or Projection

Staging

- Bringing Scenery - Stage
- Bringing Scenery - Fly System

Lighting

- Basic Lighting (Florescent)
- Bringing a lighting package
- Using own light plot
- Using Capitol Theatre house rep plot

4TH STREET THEATRE

Stage – Size: _____

Type of Seating

- Bleachers
- Tables and Chairs

Certificate of insurance required for this event naming the City of Yakima and the Capitol Theatre Committee as additional insureds.

I have read, completed and understand this Rental Request Sheet.

Name

Date

Please return this Rental Request Form to: arts@capitoltheatre.org

For more information call: (509) 853-8000