



Please complete form and send to a Theatre Sales Rep. at phoenix.convention.center @phoenix.gov or fax (602) 744-2945.

COMPLETION OF THIS FORM DOES NOT CONFIRM AVAILABILITY OF REQUESTED DATE

Theatrical Request Form

Today's Date: _____ Requested Facility: Orpheum Theatre Symphony Hall

Event Name: _____

Main Contact Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contract Signer: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Note: If this is your first time to work in Phoenix Convention Center and Venues, please provide references on the attached sheet from three other venues where your organization has performed.

Rental Type: Commercial Non-Profit--**must provide 501(c)(3)** City Other Private Public

Dates of Event:

First Choice: From: _____ To: _____

Second Choice: From: _____ To: _____

Third Choice: From: _____ To: _____

Performances: _____ Start Time(s) & End Times(s): _____

Special Instructions: _____

Move In Days: _____ # Show/Event Days: _____ # Move/Out Days: _____

Event Ticketing: Ticketed (**federal W-9 required**) By Invitation Free w/ Ticket

Est. Attendance per show: _____ Est. Attendance total: _____

Brief Event Description: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Commitment To Excellence

