



THEATRICAL COSTUME COMPANY

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COSTUME PLOT REQUEST FORM

Please complete the following information to request a costume plot for a particular show. The completed form can be sent to the FAX number listed above. You can also scan the completed form and send it by e-mail to showrental@theatricalcostumeco.com. If you do not have access to a fax machine or a scanner, you can also supply this information to us in an e-mail.

We will send an e-mail to the address you provide with the costume plot as an attachment. We recommend that you add the domain name "theatricalcostumeco.com" as an approved sender to your spam filtering system to avoid having our message blocked or mistaken for spam.

We require the following information because our costume plots are for legitimate theatrical productions. Please be assured that all information is kept strictly confidential. We do not sell, share or in any way distribute the information you provide.

YOUR FULL NAME _____

E-MAIL ADDRESS _____

ORGANIZATION'S NAME _____

ORGANIZATION'S ADDRESS _____

CITY, STATE, ZIP CODE _____

YOUR TITLE AT THIS ORGANIZATION _____

ORGANIZATION'S PHONE NUMBER _____

YOUR DAYTIME PHONE NUMBER _____

ORGANIZATION'S FAX NUMBER _____

NAME OF SHOW _____

AUTHOR, ADAPTER, if any, PUBLISHER _____

YOUR PRODUCTION DATES _____