COSTUME RENTAL INQUIRY FORM

Please fill out the form below and send to costume-rentals@goodspeed.org

Name of Organization: ________________________________________________________________

Address, City, State, Zip: ____________________________________________________________

Designer’s Name: ________________________________________________________________

Email: ___________________________ Phone: ___________________________

Shop Manager’s Name: _____________________________________________________________

Email: ___________________________ Phone: ___________________________

Title of Show: ________________________________________________________________

Type of show (Musical, Play, Film, TV, Event, etc.): _______________________________

When will you need the costumes?: ________________________________________________

First Performance: _______________ Final Performance: _____________________________

How did you hear about us?   Returning client   Other: ______________________________

What is your costume budget? _________________________________________________

Approximate number of costumes needed: _________________________________________

Additional Notes:

_____________________________________________________________________________

_____________________________________________________________________________

FOR GOODSPEED COSTUME RENTAL USE ONLY

Inquiry Date: ___________________________ Ship by Date: _____________________________

Appointment: ___________________________

Information entered into database?