

TRUMBULL NEW THEATRE, INC
PACKAGE HOUSE
APPLICATION

PLEASE PRINT

ORGANIZATION NAME _____

FIRST CHOICE OF SHOW _____

FIRST DATE CHOICE _____ OPTION DATE _____

OPTIONAL SHOW _____

FIRST DATE CHOICE _____ OPTION DATE _____

NOTE: SUNDAY SHOWS BEGIN AT 3PM, WEEKNIGHT SHOWS BEGIN AT 7PM

NAME AND ADDRESS OF PRIMARY CONTACT PERSON _____

DAYTIME PHONE _____ EVENING PHONE _____

NAME AND ADDRESS OF ALTERNATIVE CONTACT PERSON _____

DAYTIME PHONE _____ EVENING PHONE _____

IF YOU ARE HAVING A RAFFLE(S) YOU ARE RESPONSIBLE FOR PROVIDING THE TICKETS FOR THE RAFFLE.

ALL RAFFLE TICKETS WILL BE DRAWN AFTER THE FINAL CURTAIN

RETURN THIS APPLICATION ASAP TO:

Connie J. Kotopka
Package House Chair
325 Tod Ave SW
Warren, OH 44485
330 395 6140

**DO NOT SEND A DEPOSIT UNTIL YOU
HAVE RECEIVED A CONTRACT CONFIRMING
THAT YOUR REQUEST IS AVAILABLE**

For official use only

APP REC'D _____

CONTRACT MAILED _____

CONTRACT & DEPOSIT REC'D _____

CHECK NUMBER _____

DEPOSIT BANKED _____

TICKETS MAILED _____

BAL. DUE CHECK NUMBER _____

BALANCE BANKED _____

ATTN _____ HOST _____