



# 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. In the alternative, the form can be e-mailed to [showrental@theatricalcostumeco.com](mailto:showrental@theatricalcostumeco.com) (we request that a "pdf" format be used).

We require this 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 \_\_\_\_\_