Walterdale Theatre Associates

Costume Rental Agreement

Borrowers Name/s	Production/Group
Phone #:	Email:
Rental start date:	Rental return date:

I have read and understand the Costume Rental Policies and Procedures and agree to abide to them.

Signature _____ Date _____

Quantity	Description of items borrowed	Costume value	Rtn

Pull Fee $25/hr _____ Deposit paid _____ Fees charged _____ Amount refunded _____

Check out_____ (WTA Rep) Check in _____ (WTA Rep)

Comments: