ENCOMPASS
COMPASSION PLAYS | REQUEST FORM

Please complete this form and fax it back to (626) 358-3443 | Attention: Jenna Delgado

Your name: _____

Name of agency / school: _____

Your position:_____

Address:_____

City/State/ZIP:_____

Phone: _____   Fax: _____

E-mail:_____ Is e-mail a good way to contact you? _____

How did you hear about COMPASSION PLAYS?__ _____

Please select which performance you are requesting: _____ *Horizon Line* _____ *Kick* _____ *Wheels*

1st choice / Date: _____   Time block: _____

2nd choice / Date: _____   Time block: _____

Please describe the audience below:

Total number: _____ Age range: _____ Men: _____ Women: _____

Please describe the make-up of the group. It is helpful to include race, culture, religion, job title, grade level, national origin or any other information that defines the diversity of the group. This will help us select the facilitators.

_____
_____
_____

Name of person who will meet our staff one hour prior to show time on the performance day:

_____

Exact address of performance site:

_____
_____
_____

The stage management team will need to have the closest access to an elevator or entrance from the parking to the actual performance space. Please describe the parking arrangements and where our staff will be able to unload the set.

_____

_____

_____

Please describe the room where the performance will be held. Include dimensions of the staging area, whether chairs can be moved, etc. (In order to perform the show and accomodate our set, there must be an open staging area of at least 16' x 16' . We also need access to an electrical outlet.)

_____

_____

_____

Please provide the following the billing information.

Name: _____

Address: _____

Phone: _____ Fax: _____

Please understand that the play is performed by a professional actor under the Actor's Equity Association. If you cancel or need to reschedule within 5 working days of the performance we must charge you the full fee. If, for some reason, ENCOMPASS must cancel a show or reschedule the performance with less than 5 working days notice the fee will be waived.

Once ENCOMPASS receives your information we will process your request. When we confirm staffing for the date and time of your performance request you will receive a phone call and a confirmation letter. Thank you.

Group Representative: _____ _____ _____
                                    (print)   (signature)   (date)

ENCOMPASS | Tel: 626-358-3442 | Fax:626-358-3443

FOR OFFICE USE ONLY	pre-approval	actor facilitator stage manager stage manager/driver	final approval