



THEATRE RENTAL APPLICATION

Date _____

Organization/Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Fax Number _____

Contact Name _____

Contact Phone Number _____

Contact E-mail Address _____

Are you a non-profit organization? Yes No

Briefly describe scope of rental (i.e. performance, contest, graduation, presentation, etc.) _____

Date(s) and time(s) requesting for rental _____

Rental Area(s) - please check all that apply:

- Theatre
- Rehearsal Hall
- Green Room
- Personnel

Please send the completed rental form to: Diamond Head Theatre
Attn: Theatre Rentals
520 Makapuu Avenue
Honolulu, HI 96816

You may also fax your completed form to: (808) 735-1250

The contact person, as noted above, will be notified within five (5) business days of request receipt advising of rental availability. Should your date(s) and time(s) be available, further details will be handled.