



CITADEL THEATRE

ROBBINS | ACADEMY

PHOTO RENTAL APPLICATION

Event date: _____

Facility: Lee Pavilion

Function: Photo Session

Contact: _____

Mailing address: _____

Primary phone number: _____

E-mail: _____

Fax number (optional): _____

Secondary contact (optional): _____

Secondary phone number (optional): _____

E-mail (optional): _____

Please indicate desired start time:

12:30 – 1:30

2:30 – 3:30

3:30-4:30

5:30-6:30

Please include any other details that pertain to your event:

Please fax completed form to 780.428.2130.

Thank you for submitting a rental application.

We aim to respond to your booking request as soon as possible, but during busy event times confirmation may take more than 72 hours.

Thank you for your patience.

Sincerely,

The Rentals Department