

**Galway Players**  
**Costume Rental Request Form**

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Organization/Theater:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Production Name:** \_\_\_\_\_

**Production Open Date:** \_\_\_\_\_ **Production Close Date:** \_\_\_\_\_

**Costumes Requested:**