

25th Street Theatre Centre

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Saskatoon, Saskatchewan
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Saskatoon Fringe Theatre Festival Billet Registration Form

(Please Print Clearly)

Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-Mail: _____

Description of space available:

i.e.: Single bed in spare bedroom and shared bathroom with family

Number of people who live at your residence:

Males: _____ Females: _____ Children: _____

Do you have pets in your home? Y N

If yes, what kind: _____

Do you smoke in your home? Y N

Will you permit smoking?

Indoors Y N Outdoors Y N

Will you provide parking?

On property Y N On street Y N

Would you prefer to billet:

Males _____ Females _____ Couples _____ Children _____ No preference _____

Please indicate the total number of people you can accommodate: _____

What bus routes service your area? _____

What is the best way & time for your guests to contact you when they arrive? _____

Additional information that would enable us to match you with a compatible performer
