



RESERVATION FORM

The undersigned, hereinafter, referred to as the applicant, makes application for permission to use the Etherredge Center as indicated below, on the date(s) specified for the purpose described. The Etherredge Center at USC Aiken reserves the right to approve which events shall be presented at the facility.

PROPOSED DATE(S) & EVENT TIMING

Date(s): _____ Day(s) of the Week: _____

Back up date(s): _____ Day(s) of the Week: _____

Title of Event: _____

Stage Lights needed? _____ Sound needed? _____

Load-in/Arrival: _____ am/pm Rehearsal/Sound Check: _____ am/pm

Show/Event time: _____ am/pm Length of Performance: _____ (hours)

Load-out: _____ am/pm

EVENT DESCRIPTION/PURPOSE (Used to provide information for those calling our office or the ETHC Box Office.)

Estimated Attendance _____ Admission Charge(s) _____

Ticketed Event _____ Box Office Sells tickets or applicant _____

VENUE REQUESTED

_____ Main Theatre _____ O'Connell Theatre _____ Lobby _____ Room 125

_____ Dressing Rooms _____ Upper Lobby

EXTRA EQUIPMENT REQUESTED

Music stands, stand lights, gaff tape, gel, rosin, tie line batteries, headsets etc. _____

ORGANIZATION INFO

Organization Name: _____ Faculty Advisor: _____

Faculty Advisor Telephone: _____ Email: _____

CONTACT NAMES, PRINCIPALS (and/or) OFFICERS

1. Names & Title _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

2. Names & Title _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

I agree that all the information included above is correct and accurate. I also understand that this reservation form does not constitute a contract with the Etherredge Center and that all requested dates are not considered reserved dates until agreed on by the Executive Director of the Etherredge Center in writing.

Print Name: _____

Signature: _____

Company/Organization: _____

Date: _____

Contact phone number (if different from above): _____

Contact email (if different from above): _____