



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: _____

Title of Event: _____

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) _____

VENUE REQUESTED

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

COMPANY/ORGANIZATION NAME

Profit _____ Non-Profit _____ IRS Tax ID # _____

Company Name: _____ Title: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

Business FAX: _____ Organization Web site: _____

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): _____