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: _____________________________________________

Stage Lights needed: YES/NO Sound needed: YES/NO

Rigging needed: YES/NO

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

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

Load-out: ________ am/pm

Time left building/building clear of all personnel and property ________ 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 for event: YES/NO

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.

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): ________________________________________________