



Space Request Form

Date Submitted: _____

201 South Dargan Street
 Florence, SC 29506
 (843) 661-1720

Please complete (print or type) and mail to the address above. Forms must be received within one week of a verbal courtesy hold to secure the date(s) for an event.

Organization: _____

Contact Person: _____

Name of Event: _____

Billing Address (including City/State/Zip): _____

Phone: _____ Alternate Phone: _____ E-mail: _____

Type of Event (musical concert, reception, play, recital, lecture, rehearsal, etc.): _____

Reservation is not confirmed until an Event Agreement has been fully executed and deposit payment received.

Venue & Booking Details

Check venue(s) requested: Mainstage Black Box BB&T Amphitheatre Lower Lobby Upper Lobby Dressing Rooms
 Hazelwood/Ward Garden Courtyard Medium Practice Room Small Practice Room Other _____

| Day & Dates of request: List all requested dates. Include prep/tear-down dates (MM/DD/YY) | Type of activity: Set-up, Tech, Rehearsal, Recording, Performance, Reception, or Other (specify) | Access to venue requested at: (XX:XX am/pm) | Event begins at: (XX:XX am/pm) | Events ends at: (XX:XX am/pm) | Venue vacated (lights out, locked up) by: (XX:XX am/pm) |
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Usage dates and times will be confirmed and finalized in consultation with the Director of the FMU Performing Arts Center.

Is this performance appropriate for all ages? NO___ YES___ If no, what age range is appropriate? _____
 Is your event open to the public? NO___ YES___ Estimated audience size: _____ Will your event be recorded? NO___ YES___
 Will your event be ticketed? NO___ YES___ If yes, please include Ticketing Services Request Form with this form.
 Will this event be free? NO___ YES___ Will your event have Programs? NO___ YES___ Do you plan to sell merchandise? NO___ YES___
 Do you expect Press to attend? NO___ YES___ If yes, please supply a Press contact name and number _____
 Are you catering the event? NO___ YES___ If yes, please note that Aramark is the exclusive caterer for the FMU Performing Arts Center.

Please list event requirements and/or special needs (piano, special lights, audio support, microphones, podium, CD/minidisk playback, etc...)

Rentals (Check one): Commercial Non-Profit – 501(c)3 # (required): _____ Primary Resident

FMU Department or Campus Organization The representative of FMU Department or Campus Organization must be authorized to commit resources and funds on behalf of his/her department and/or organization

Authorized signature: _____