

Swamp Fox Players
710 Front Street
Georgetown, SC 29442
Phone: (843) 527-2924 Fax: (843) 546-6193

REQUEST FORM FOR THE USE OF THE STRAND THEATER

Today's Date _____

Name of Organization _____

Name of individual applying for use of the theater _____

Address of organization _____

Address of responsible individual _____

Phone # of Organization _____

Phone # of responsible individual _____

Date/Dates for requested use of Strand Theater _____

Please list all equipment needed and include any equipment you are bringing

Please tell the purpose of your use of the theater.

Please check any of the following that you will need.

____ Light/Sound Technician

____ Police

____ Cables, extension cords, etc.

____ Ushers

____ Box Office Crew

____ Other _____

This request will be presented to the House Management Committee. If your project is approved, you will be asked to submit 1/2 of the total fee and sign a binding contract.