Florence Little Theatre
Rental Application Form

All information MUST be completed before the request will be processed.

Organization or Individual Requesting Reservation		
Organization Name	Contact Person	
Address		
City/State/Zip		
Phone (Home)	Phone (Cell)	Fax
E-Mail Address		
Date Filed (FLT use)		

Event Information	
Event Date	Event Title
Event Start Time	Event End Time
Is Admission to be charged? ☐ Yes ☐ No	Admission Charge(s) $
Please use the space below to describe your event including any special requirements/technical needs and a detailed timeline.	

Approval (FLT USE)	
FLT Signature	Date Approved

Please return to Jessica Coleman
Jessica.coleman@florencelittletheatre.org
Florence Little Theatre 417 S. Dargan Street Florence, SC 29506