



TILLOTSON CENTER

Community Heritage, Visual & Performing Arts
14 Carriage Lane
Colebrook, NH 03576

Rental Agreement

Organization or individual Name - (Renter):

Complete address: _____
Contact Person: _____ Phone: _____
E-mail address: _____ Fax: _____

Number of expected attendees: _____ Event Date(s): _____
Arrival time: _____ Event begins at: _____ Event ends at: _____ Intermission: _____

Use of space and equipment:

*Room capacity has been determined by the Town of Colebrook Fire Chief *no combinations*

Gallery: _____ (*capacity 48 seated with tables; or 65 seated without tables; or 100 standing)
Class/Conference Room: _____ (*capacity 13 seated; or 21 standing) Lobby: _____ (*capacity 10 seated, or 22 standing)
Porch: _____ (*capacity 22 seated; or 48 Standing) Deck: _____ (*capacity 31 seated; or 66 standing)
Theatre _____ (capacity 130; and balcony 40) Sound system: _____ Projector/Screen: _____ Spots: _____
Kitchen: _____ (the kitchen is a warming kitchen, no cooking is allowed)

Food or drink is not allowed on the Tillotson Center premises (land and building), without prior approval.

Insurance - Please mail your Certificate of Liability Insurance to the address mentioned below, or email it to thetillotsoncenter@gmail.com. The use of any **pyrotechnic material is prohibited**. If you are unable to provide event insurance, please contact the Center. A quote for event insurance can be provided. The charge will be over and above the cost of the rental.

Publicity Material – To provide to TC Yes _____ No _____
If yes, please provide a **pdf picture** and any information you would like to appear on the TC website and Facebook page. Please send all advertising material to: thetillotsoncenter@gmail.com

Rental payment / Deposit – 50% of the total amount is payable at time of the agreement signature, and is not refundable. **Balance due 24 hours before the day of the event.**
Please return signed rental agreement with deposit to:

Tillotson Center, Inc. Attention: Executive Director, P.O. Box 51, Colebrook, NH 03576

Grand total Rental Fee: \$ _____ Deposit paid: \$ _____ Chk.#: _____ Balance due: \$ _____

Renter signature Printed name & title Date: _____

Executive Director Date: _____