



# 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 Marshall. \*no combinations\*.**

Gallery: (capacity 48 seated w/ tables; or 65 seated w/o tables; or 100 standing)

Bar-

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:

Movie System:

Spots:

Projector Screen: portable screen & projector:

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 tillotsoncenter@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: tillotsoncenter@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: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Renter Signature

Printed name & title

Date: \_\_\_\_\_

Executive Director

Printed name & title