



# 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 with tables; or 65 seated without tables; or 100 standing)

**Class 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:** \_\_\_\_\_

Renters must not sell tickets to any performance or event over the capacity of the room rented (Gallery or Theatre). Room configuration is set at time of rental and cannot not be changed prior to the performance without permission of the Tillotson Center. (Number of tickets sold must be reported to the person-in-charge prior to the performance or event. An additional fee will be assessed if any room is not cleared of sets and/or equipment within 48 hours after the last performance or event.)

**Kitchen:** \_\_\_\_\_ (the kitchen is a warming kitchen, no cooking is allowed)

If using the sound system, or spots, movie system, will you have **qualified technician** to operate it? \_\_\_\_\_

If yes, what is his name & phone #: \_\_\_\_\_

Or there is an additional cost of \$25/hour for our in house technician, hrs: \_\_\_\_\_ 1 x \$25 Total: \_\_\_\_\_

If any equipment damage occurs because of the Renter misuse, the repair or replacement cost will be paid by the Renter.

**Insurance** - Please mail your Certificate of Liability Insurance to the address mentioned below, or e-mail it to [thetillotsoncenter@gmail.com](mailto: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](mailto:thetillotsoncenter@gmail.com)

**Rental payment / Deposit** - 50% of the total amount is payable at time of the agreement signature, not refundable. Balance due on the day of the event.

Please return signed rental agreement with deposit to:

**Tillotson Center, Inc. Attention: Anne Sullivan, P.O. Box 51, Colebrook, NH 03576**

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

\_\_\_\_\_  
Renters signature Printed name & title Date: \_\_\_\_\_

\_\_\_\_\_  
Executive Director Date: \_\_\_\_\_