



Facility Rental Agreement

ARTSPACE (Peterborough Artists Inc.)

PO BOX 1748

3 - 378 Aylmer Street North

Peterborough ON, K9J 6V7

Tel: 705.748.3883

gallery@artspace-arc.org

CONTACT INFORMATION

Rental Group/Association: _____

Contact Person: _____ Member of ARTSPACE? Y/N

Phone Number: _____ Email: _____

Address: _____

RENTAL INFORMATION

Event Description: _____ Estimated # of people: _____

Space Required (Check any/all): **MAIN Gallery** **Mudroom** **Kitchen**

Time Required: **Half-Day** **Full Day** **Hourly** (See Rental Rate sheet for pricing)

Date of Event: _____ Time of Event: _____

REQUIREMENTS:

Equipment	Y / N	Numbers/Notes for set-up:
TABLES		
CHAIRS		
PODIUM / PLINTH		
PROJECTOR / TV		
BAR*		

**ARTSPACE reserves the right to add additional fees if our staff or security are needed.*

RENTAL AGREEMENT

I, _____ (contact name), as representative of the renting group, agree that I will pay a deposit of 50%, rental fee, and any additional fees determined by ARTSPACE. I understand the deposit is due upon booking, and the balance is due by the day of the event. I also agree that as representative of the renting group, I (not ARTSPACE) am responsible for any damages occurring to the facility, or to the supplies and/or equipment brought into the space for the event.

Signature (Rental Contact): _____

Signature (ARTSPACE): _____

Date: _____