



# RENTAL CONTRACT

2928 W. 13th Street  
Ashtabula, OH 44004-2498  
440-964-3396  
www.ashtabulaartscenter.org

Day/Date of Event \_\_\_\_\_

Time of Event: Begin \_\_\_\_\_ End \_\_\_\_\_

Contact Person \_\_\_\_\_

Organization \_\_\_\_\_

Area Requested: Main Bldg: \_\_\_\_\_ Kitchen \_\_\_\_\_ Performance Area \_\_\_\_\_

Type of Event \_\_\_\_\_

Maintenance set-up/event/clean-up \_\_\_\_\_ x \$16.00/hr. \_\_\_\_\_

Special arrangements for equipment or services needed \_\_\_\_\_

**I have read the rules, regulations, and rate schedule regarding the use and rental of the Ashtabula Arts Center facilities. I agree to all arrangements, as per this contract, and assume all responsibilities for the area requested and/or equipment used.**

Name (print) \_\_\_\_\_ Position in Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ e-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Rental Cost Estimate

Main building \$350 for up to 3 hours	_____
Main building \$50/hour for time over 3 hours	_____
_____ hours x \$50	_____
Kitchen \$75	_____
Performance wing \$400	_____
Special arrangements	_____
Maintenance \$16/hour	_____
Hours of event +3 hours for set up	_____
and clean up _____ X \$16	_____
<b>TOTAL</b>	_____

### OFFICE USE ONLY

Deposit Amount _____	Date _____
Rct.# _____	
Deposit Amount _____	Date _____
Rct.# _____	
<b>TOTAL</b>	_____

**Deposit of \$100 must accompany this signed contract. This deposit is non-refundable after 30 days.**