



Howard County Arts Council
Howard County Center for the Arts

8510 High Ridge Road
Ellicott City, MD 21043

410-313-ARTS (2787)
410-313-2790 (Fax)

visitorservices@hocoarts.org
www.hocoarts.org



Renting at HCCA

Requirements

- Rental Request Form, available on the HCAC website (www.hocoarts.org), should be submitted at least 8 weeks prior to the requested date.
- Certificate of Liability Insurance naming both Howard County Arts Council and Howard County, MD as certificate holders and/or additional insured.
- Contract, issued pending approval of rental.
- Payment in full due no later than two (2) weeks prior to scheduled event.

Rentals are not guaranteed until a contract has been issued, signed, and submitted by the renter.

Fees & Security Deposits

- \$100 black box theatre security deposit
- \$250 light/sound equipment security deposit
- \$10/hr Building Attendant fee past normal building hours
- \$20 expedited fee (less than four weeks prior to event for all classrooms and the Conference Room; less than six weeks prior to event for Black Box Theatre and Dance Studio)
- 10% of deposit is forfeit if event is canceled less than 30 days prior to event; deposit is forfeit for cancelations within one week (five business days) of event

Security deposits are refundable if the facility is found in its original, neat and clean condition.

Spaces at HCCA

The Center has several spaces available to rent for **arts-related** classes, performances, and everything in between. Rent a space for your meeting, or just to get together and participate in some fun arts activities.

black box theatre

The black box theatre has stadium seating for 98 and additional room for accessible seating. There is rear and stage right wing space, two dressing rooms in adjoining hall, and the Center's lobby is available for reception and intermission space. Please inquire about sound, lighting, and projection equipment, as well as grand piano rental.

Maximum audience capacity: 118



Rates:

\$50.00/hr

Non-Profit:

\$30.00/hr

Conference Room

The Conference Room is a 17' x 65' room with windows, sink, and flexible seating. Tables, chairs, dividing wall, whiteboard, podium, and projection screen are available for use.

Maximum capacity: 150



Rates:

\$40.00/hr

Non-Profit:

\$25.00/hr

Classrooms

Three (3) classrooms, each approximately 600 sq. ft, come with tables and chairs. Each has windows and a sink; one has a model stand.

Maximum capacity: 25



Rates:

Large Groups:
\$22.00/hr

Non-Profit:
\$15.00/hr

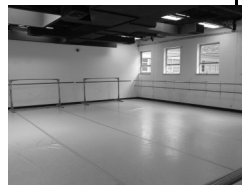
Small Groups:
\$15.00/hr

Non-Profit:
\$10.00/hr

Dance Studio

The Dance Studio, approximately 918 sq. ft., has a wood sprung floor covered with Marley flooring, windows, a mirrored wall, and permanent barres on 2 walls.

Maximum capacity: 25



Rates:

Large Groups:
\$22.00/hr

Non-Profit:
\$15.00/hr

Small Groups:
\$15.00/hr

Non-Profit:
\$10.00/hr

Hours of Operation

Mon—Thurs 9AM to 10PM
 Fri 9AM to 8PM
 Sat 10AM to 4PM
 Sun 12PM to 4PM



ROOM RENTAL REQUEST FORM

DATE: _____

TO REQUEST A ROOM, PLEASE FILL OUT THE FORM BELOW AND
EMAIL IT TO VISITORSERVICES@HOCOARTS.ORG OR
MAIL IT TO: HCCA - ROOM RENTALS, 8510 HIGH RIDGE ROAD, ELLICOTT CITY, MD 21043 OR
FAX IT TO: 410-313-2790.

ALL RENTALS REQUIRE A CERTIFICATE OF LIABILITY INSURANCE WITH THE FOLLOWING COVERAGE: \$1,000,000 PER OCCURRENCE AND
\$2,000,000 GENERAL AGGREGATE; DATE AND DESCRIPTION OF EVENT; AND LISTING THE ADDRESSES OF HOWARD COUNTY ARTS COUNCIL
AND HOWARD COUNTY GOVERNMENT AS CERTIFICATE HOLDERS AND/OR ADDITIONAL INSURED.

ORGANIZATION NAME: _____

TYPE OF BUSINESS: NON-PROFIT* _____ INDIVIDUAL ARTIST _____ OTHER (DESCRIBE) _____

*A COPY OF YOUR 501(C)(3) LETTER FROM THE IRS IS REQUIRED FOR REDUCED NON-PROFIT RATES.

CONTACT NAME: _____ TITLE: _____

MAILING ADDRESS: _____

WORK PHONE: _____ HOME: _____ CELL: _____ FAX: _____

EMAIL: _____

PURPOSE OF RENTAL (MUST BE ARTS RELATED): _____

TOTAL PEOPLE EXPECTED AT EVENT: _____ NUMBER OF PERFORMERS/CAST MEMBERS: _____

IS THIS EVENT OPEN TO THE PUBLIC? _____ YES _____ NO

*IF YES, PLEASE PROVIDE A DESCRIPTION AND CONTACT INFORMATION FOR POSTING ON HCAC'S ONLINE CALENDAR OF EVENTS AT NO EXTRA CHARGE.

ROOM(S) TO BE RENTED: ___ THEATRE* ___ DANCE STUDIO* ___ CONFERENCE ROOM ___ LOBBY
___ CLASSROOM 8 ___ CLASSROOM 9 ___ CLASSROOM 14 ___ DRESSING ROOMS

*THEATRE RENTALS REQUIRE A \$100 REFUNDABLE SECURITY DEPOSIT. WHEN RENTING THE THEATRE FOR A PERFORMANCE,
THE DANCE STUDIO SHOULD ALSO BE RENTED FOR THE DURATION OF THE PERFORMANCE.

NUMBER OF TABLES NEEDED: _____ NUMBER OF CHAIRS NEEDED: _____

DATES LISTED BELOW ARE REQUESTS ONLY - THEY ARE NOT GUARENTEED AND WILL NOT BE HELD WITHOUT ALL
NECESSARY PAPERWORK, INCLUDING CERTIFICATE OF INSURANCE. REQUESTED DATES AND TIMES ARE SUBJECT TO AVAILABILITY.
REQUESTED HOURS MUST REFLECT SET-UP AND TEAR-DOWN AS GROUPS WILL NOT BE ALLOWED IN BEFORE THE START TIME ON THEIR CONTRACT.
PLEASE INDICATE BOTH PREFERRED AND ALTERNATE DATES.

RENTAL DATE(S):

RENTAL TIME(S):

Blank lines for entering rental dates and times.

START TIME OF ACTUAL EVENTS/PERFORMANCES: _____

EQUIPMENT NEEDS:

PLEASE INQUIRE ABOUT ANY EQUIPMENT NEEDS. RENTERS MAY USE HCAC EQUIPMENT IF IT IS AVAILABLE AND IN WORKING ORDER FOR A
REFUNDABLE SECURITY DEPOSIT OF \$250. HCAC EQUIPMENT IS NOT GUARANTEED. RENTERS MUST HAVE AN APPROVED TECHNICIAN TO OPERATE
THEATRE EQUIPMENT. HCAC DOES NOT PROVIDE TECHNICIANS OR TRAINING ON OUR EQUIPMENT AND IS NOT RESPONSIBLE FOR FAULTY EQUIPMENT.

CONFERENCE ROOM BLACK BOX THEATRE
___ PROJECTION SCREEN ___ PODIUM ___ LIGHT BOARD
___ WHITEBOARD ___ FLIP-CHART EASEL ___ SOUND BOARD

NAME OF TECHNICIAN _____ PHONE NUMBER _____

WILL YOU OR SOMEONE IN YOUR GROUP BE BRINGING SPECIAL EQUIPMENT TO THIS RENTAL?

PLEASE CHECK ONE: _____ YES _____ NO

CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE (MM/DD/YY)

2/9/11

100 Eri Insurance Policy * Eri, Pa 16800

NAME AND ADDRESS OF AGENCY [REDACTED]	AGENT'S NO. [REDACTED]	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE Eri Indemnity Co., Attorney-in-Fact Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
NAME AND MAILING ADDRESS OF INSURED [REDACTED]		This Certificate is issued for information purposes only. It does not list, amend, extend, or otherwise alter the terms and conditions of insurance coverage contained in the Policy(ies) indicated below issued by ERIE. The terms and conditions of the Policy(ies) govern the insurance coverage as applied to any given situation. Any party can request a policy and/or Declaration by asking the Insured or the Agent. Limits shown may have been reduced by claims paid.

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO. (A-E)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
E	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	[REDACTED]	8/29/10	8/29/11	EACH OCCURRENCE	\$ 1,000,000	
					FILE DAMAGE (Any One Event)	\$ 1,000,000	
					MED EXP (Any One Person)	\$ 5,000	
					PERSONAL & ADV. INJURY	\$ 1,000,000	
					GENERAL AGGREGATE	\$ 2,000,000	
					PRODUCTS-COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE				BODILY INJURY (EACH PERSON)	\$	
					BODILY INJURY (EACH ACCIDENT)	\$	
					PROPERTY DAMAGE	\$	
					BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
						\$	
	<input type="checkbox"/> WORKERS COMPENSATION & EMPLOYERS LIABILITY				STATUTORY		
					BODILY INJURY BY ACCIDENT	\$	EACH ACCIDENT
					DISEASE	\$	POLICY LIMIT
	<input type="checkbox"/> OTHER				DISEASE	\$	EACH EMPLOYEE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Event Date: 03/13/11 from 1-3 p.m.
 Event Description: Concert

CANCELLATION FOR NON-PAYMENT, CAUSE OR NAMED INSURED'S REQUEST: When an automobile policy is cancelled, written notice will be mailed to the Certificate Holder. When any of the above described policies (other than automobile) are cancelled before the expiration date thereof, ERIE will endeavor to mail written notice to the Certificate Holder after the decision to cancel. Failure to mail such notice shall impose no obligation or liability of any kind upon ERIE, its Agents or representatives.

CANCELLATION FOR SPECIAL CONTRACTS: (If the box is checked, this Certificate involves a special contract and the following cancellation provisions apply.) When an automobile policy is cancelled, written notice will be mailed to the Certificate Holder. When any of the above described policies (other than automobile) are cancelled before the expiration date thereof, ERIE will endeavor to mail 30 days written notice to the Certificate Holder after the decision to cancel. Failure to mail such notice shall impose no obligation or liability of any kind upon ERIE, its Agents or representatives.

CERTIFICATE HOLDER Howard County Arts Council ATIMA 8510 High Ridge Rd. Ellicott City, MD 21043	ATTENTION CERTIFICATE HOLDER If your firm is a Certificate Holder for other policies of this Insured, Certificates of Insurance for these other policies will be forwarded to you as soon as they are processed. AUTHORIZED REPRESENTATIVE
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