



TOWN OF LEXINGTON
Department of Public Facilities

Registration Number: _____

Registration Application for *Town of Lexington* Facility Rental

Organization Name: _____

- Legal name, under which an insurance binder for general liability and workers compensation naming the Town of Lexington as an additional insured, will be provided.

Address _____

Telephone Number _____

- Private Non Profit Other _____

Responsible Person:

Name _____

Address _____

Telephone _____

Email Address _____

- I have read the Guidelines for Use of School Facilities, appropriate School Policies, and/or the Cary Memorial Building Use Policy and agree to abide by the policies for the buildings I am using.

Responsible Person Signature _____ **Date** _____

Description of purpose for facility use:

How many participants do you anticipate for this use, and what percentage will be Lexington residents:

Number of participants: _____

Lexington residents : _____%

For Office Use Only

- Class A: Rental fees waived, responsible for custodial charges.

- Class B: Responsible for both rental and custodial fees

- Class C: Exempt for both rental and custodial fees

Director of Public Facilities _____ **Date** _____

- Class A Class B Class C Denied Other _____

School Superintendent _____ **Date** _____

Town Manager _____ **Date** _____



Town of Lexington
 Department of Public Facilities
SCHEDULE REQUEST FOR USE OF SCHOOL FACILITIES

7/1/2013 Proposed Facility Rental Rates

| | | |
|--|----------------------|--|
| Name of Organization/ Responsible Individual | Date(s) Requested | |
| Address of Responsible Individual | Hours of Use (Start) | (Finish) |
| | Expected Attendance | |
| Email Address: | Admission Charge | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility: | Purpose of Use: | Registration Number: (approved users) |

Rental Fees total is an estimate based on information given prior to use of facilities. Additional charges may result after use of facilities. Custodial Fees reflect the need for custodial hours and include a minimum charge of one hour before and one hour after. Additional charges may result after use of facilities.

I accept responsibility for fee(s), supervision, damage and compliance with the building requirements of the Town of Lexington.

Signature _____ Telephone No. _____ Date _____

Note: The use of facilities is subject to existing policies and regulations and, as school and town purposes are primary, Public Facilities reserve the right to cancel any contract.

Custodian _____ Date _____
 Principal _____ Date _____
 Director of Facilities _____ Date _____
 Approve: YES NO

| Check space Requested | Check Equipment Requested | Service Fees **Office Use Only** |
|---|--|--|
| <input type="checkbox"/> Auditorium HS \$500/MS \$400 | <input type="checkbox"/> Tables _____ | Space \$ _____ Days of Use _____ |
| <input type="checkbox"/> Gymnasium HS \$500 MS \$300 ES \$300 | <input type="checkbox"/> Chairs _____ | <input type="checkbox"/> Custodial \$38.67 per hr. weekday and Saturdays. \$51.56 per hr. Sundays and Holidays |
| <input type="checkbox"/> LHS Science Lecture Hall \$400 | <input type="checkbox"/> Piano (tuning charge \$125) | Hours _____ x Custodians _____ |
| <input type="checkbox"/> LHS Field House \$500 | <input type="checkbox"/> Microphone* _____ | <input type="checkbox"/> Event Manager \$ 50.00 per hr. |
| <input type="checkbox"/> Classroom(s) \$100, 1 st room + \$ 25/add'l room | <input type="checkbox"/> Spotlight* | Hours _____ <input type="checkbox"/> Stage Technician \$ 11.00 per hr. |
| <input type="checkbox"/> Cafeteria \$200 | <input type="checkbox"/> Sound/Lighting* | Hours _____ x Technicians _____ |
| <input type="checkbox"/> Playground/ Parking Lot \$100.00 + \$ 25.00 | <input type="checkbox"/> Other (Risers, Table Setups etc..) | <input type="checkbox"/> Kitchen Detail \$ _____ \$25/hr Payable to LPS Food Service Revolving Fund. |
| <i>Rentals for 3 days or more may be discounted 50%</i> | *Requires operators at additional charge. | <input type="checkbox"/> Police Detail \$ _____ Rate set by Police Dept. |
| | | <input type="checkbox"/> Fire Detail \$ _____ Rate set by Fire Dept. |
| | | Administrative Fee (3% of labor) _____ |
| Subtotal \$ | Subtotal \$ | Total \$ |

* Both Organization Information Form and Facilities Request Form must be signed and submitted together prior to approval*.

Request for Facilities Use Information Form

Organization Name: _____

Address _____

Telephone Number _____

Private Non Profit Lexington Recreation Lexington Resident

Description of purpose for Facility use:

Contact Person

Name _____

Address _____

Telephone _____