



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** _____