



TOWN OF LEXINGTON CARY MEMORIAL BUILDING APPLICATION FORM

ORGANIZATION _____

CONTACT PERSON _____ PHONE NUMBER _____

ADDRESS _____

EMAIL ADDRESS _____

TYPE OF EVENT _____

DATE/S OF EVENT _____

ACTUAL TIME/S OF EVENT _____

REHEARSAL DATE/S _____

ACTUAL TIME/S OF REHEARSALS _____

EXPECTED NUMBER OF PEOPLE ATTENDING THE EVENT _____

PART OF FACILITY YOU WILL USING ("X" WHERE APPLICABLE)

VESTIBULE _____ BATTIN HALL _____ STAGE _____

CHAIRS IN VESTIBULE _____ TABLES IN VESTIBULE _____

PROJECTION ROOM (IF RECORDING/TAPING EVENT) _____

BLACKOUT WINDOW SHADES _____

ESTABROOK HALL _____ CHAIRS IN HALL _____ TABLES _____

HALLWAY OF ESTABROOK HALL _____ TABLES _____ CHAIRS _____

KITCHEN _____ (FOOD IS NOT ALLOWED IN CARY HALL-UNLESS AUTHORIZED IN WRITING BY THE TOWN MANAGER)

WILL YOU USE YOUR OWN LIGHTING _____

WILL YOU USE YOUR OWN SOUND EQUIPMENT _____

WILL YOU CHARGE ADMISSION _____ PRICE _____

REFRESHMENTS TO BE SERVED/SOLD _____

EASEL _____ OVERHEAD PROJECTOR _____

INDEMNIFICATION AGREEMENT:

Groups using any area of Cary Memorial Building agree to indemnify and hold harmless the Town of Lexington, Cary Memorial Building and their employees, officers, their agents and representatives, from any and all suits, actions, claims or demands of any nature arising out of or brought on account of any injuries or damages sustained by any person as consequence or result of the use of the building, its furnishings or its equipment.

PLEASE READ THE CARY MEMORIAL BUILDING POLICY BEFORE BOOKING SPACE.
DOES YOUR ORGANIZATION AGREE TO ABIDE BY THE TERMS OF THIS POLICY
AND INDEMNIFICATION AGREEMENT?

_____ YES _____ NO

Signature Date

Please return to Laurie Lucibello, Public Facilities, 201 Bedford Street, Lexington, MA 02420.

Questions: Call 781-274-8904 FAX: 781-861-2549

Email: llucibello@lexingtonma.gov

APPROVED: Police Officer/
Firefighter Needed

Town Manager Date: _____

Police Department Yes _____ No _____ Date: _____

Fire Department Yes _____ No _____ Date: _____

Public Facilities Director Date: _____

Building Maintenance Supervisor Date: _____