



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

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 _____ Approve: YES NO
 Director of Facilities _____ Date _____

Check space Requested	Check Equipment Requested	Service Fees **Office Use Only**
<input type="checkbox"/> Auditorium HS \$500/MS \$400 <input type="checkbox"/> Gymnasium HS \$500 MS \$300 ES \$300 <input type="checkbox"/> LHS Science Lecture Hall \$400 <input type="checkbox"/> LHS Field House \$500 <input type="checkbox"/> Classroom(s) \$100, 1 st room + \$ 25/add'l room <input type="checkbox"/> Cafeteria \$200 Commons I or II <input type="checkbox"/> Library \$100 <input type="checkbox"/> Lobby/ Hallway \$100 <input type="checkbox"/> Playground/ \$100.00 Parking Lot + \$ 25.00 <i>Rentals for 3 days or more may be discounted 50%</i> ** School reserves the right to move scheduled/reserved location if required. Notice will be given if possible**	# Table's _____ # Chairs _____ <input type="checkbox"/> Piano (tuning charge \$125) <input type="checkbox"/> Microphone* # _____ <input type="checkbox"/> Sound/Lighting* <input type="checkbox"/> Other (Risers, Table Setups etc...) <input type="checkbox"/> Portable Sound System *Requires operators at additional charge. _____ Description of setup required:	Space \$ _____ Days of Use _____ Custodial \$38.67 per hr. weekday and Saturdays. \$51.56 per hr. Sundays and Holidays Hour's _____ X Custodians _____ Event Manager \$ 38.00/\$ 50.00 per hr. Hour's _____ Stage Technician \$ 11.00 per hr. Hour's _____ X Technicians _____ Kitchen Detail \$ _____ \$25/hr Payable to LPS Food Service Revolving Fund. Police Detail \$ _____ Rate set by Police Dept. 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*.