



**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: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Private       Non Profit       Other \_\_\_\_\_

**Responsible Person:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I have read the Guidelines for Use of School Facilities / Cary Memorial Building Use Policy and agree to Abide by the policy.

**Responsible Person Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Description of purpose for facility use:

**Number of Participants:** \_\_\_\_\_ **Percentage Lexington Residents:** \_\_\_\_\_%

\*\*\*\*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** \_\_\_\_\_