

**LEXINGTON SCHOOL DISTRICT FOUR****607 East Fifth Street****Swansea, S.C. 29160****803-490-7000****LEXINGTON FOUR PERFORMING ARTS CENTER FACILITY AGREEMENT**

Name of Organization:			
Description/Purpose of Organization:			
Contact Person:		Phone:	
Address:			
EVENT:		TOTAL PARTICIPANTS: TOTAL STAFF:	
RENTAL PACKAGE: <input type="checkbox"/> White <input type="checkbox"/> Purple <input type="checkbox"/> Gold		TOTAL ATTENDANCE EXPECTED:	
MEDIA TIER: <input type="checkbox"/> White <input type="checkbox"/> Purple <input type="checkbox"/> Gold		TOTAL HOURS	
DATES	Set-up Date/Time	From: a.m. or p.m.	To: a.m. or p.m.
	Date/Time of Event	From: a.m. or p.m.	To: a.m. or p.m.

RENTAL ESTIMATE				
Event Days: ____		Rehearsal Hours: ____		Commercial Hours: ____
Rental Package	Media Tier	Hourly Fees	Daily Fees	Event Fees
<input type="checkbox"/> White: \$0 <input type="checkbox"/> Purple: \$200 <input type="checkbox"/> Gold: \$500	<input type="checkbox"/> White: \$0 <input type="checkbox"/> Purple & Gold: Tech \$45/Hr <input type="checkbox"/> Gold: Program Fee Tech \$50/Hr	<input type="checkbox"/> Cost Recovery: \$50 <input type="checkbox"/> Rehearsal: \$95 <input type="checkbox"/> Commercial: \$125 <input type="checkbox"/> Event Manager: \$40 <input type="checkbox"/> Event Custodian: \$25	<input type="checkbox"/> White Clean: \$100 <input type="checkbox"/> Purple Clean: \$200 <input type="checkbox"/> Gold Clean: \$300 <input type="checkbox"/> Wi-Fi Access: \$30	<input type="checkbox"/> Fly Hanging: \$20 each <input type="checkbox"/> Marley Floor: \$50 <input type="checkbox"/> Live Stream: \$100 <input type="checkbox"/> Piano: \$55 <input type="checkbox"/> Risers: \$135 <input type="checkbox"/> Piano Tuning: \$200
RENTAL: ____	MEDIA: ____	HOURLY: ____	DAILY: ____	EQUIPMENT: ____
TOTAL ESTIMATE: ____		This estimate does not include additional charges incurred related to extended rental times and personnel costs, violation of rental guidelines, damages, etc. The final invoice will be emailed to the renter 24-48 hours after the event.		

**Rental Agreement:**

I, as a representative of this organization, accept full responsibility for the use of the district facility. I further acknowledge that the school district will not be held responsible for any injuries or problems that might occur in the use of any district facility. All Lexington Four Board Policies must be adhered to including the prohibited use of alcohol and tobacco.

**My signature indicates an understanding and acceptance of this policy.**

\_\_\_\_\_  
(Please Print)  
Designated Organization Representative

\_\_\_\_\_  
(Signature)  
Designated Organization Representative

\_\_\_\_\_  
(Date)

Final Balance Invoice must be paid no later than 10 business days after your event.

**Please send all payments to: Lexington District Four; Attn: Shaun Jacques; 607 East Fifth Street, Swansea, SC 29160.**

**All checks must be made payable to Lexington School District Four.**

Approved by Principal/Facility Supervisor \_\_\_\_\_ Date \_\_\_\_\_