



Lexington Auditorium Association
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The LEX Building Use Rental Form

Name of Organization: _____

Contact Name: _____ Phone _____

Full Address: _____

Email: _____

What describes your organization? Check all that apply. _____ Friend of The LEX

- For Profit
 Not for Profit
 Individual
 Business
 School
 Church
 Service Organization
 Production Group
 Other (please describe) _____

_____ Check here if billing information is the same as above

Billing Name: _____ Phone: _____

Email: _____

Full Address: _____

Brief explanation of building use:

Requested date(s) and Time(s): *please include detailed description of setup, event start and end times, clean up and equipment needs.*

Return this form with the completed Fee Calculation Form, Liability Acknowledgement and Alcohol Policy and Release of Liability if applicable.