PALOS VERDES LIBRARY DISTRICT

APPLICATION FOR USE OF THE **MIRALESTE LIBRARY – DECK**

29089 Palos Verdes Drive East, Rancho Palos Verdes, CA (310) 377-9584 x247

Organization_____ Date of Application: _____

Purpose of Meeting_____ Expected Attendance: _____

Day of Week _____Date of Event_____Time_____to_____

Contact Person _____Email_____Total # of hours: _____

Address_____City, State, Zip_____

Business Telephone: (   )_____ Home: (   )_____

Check One Below: **This rental is a three-hour minimum, no half hours and estimated rental should include all set-up and clean-up time. For other considerations contact the Administration Office.** Fees are payable at time of reservation. Cancellations made at least two weeks prior to event will be refunded, less a $45 administrative fee. Four-week notice required for use of facility after hours.

☐ Not-for-profit, open to the public meeting, facility closed--$70/hr.

☐ Not-for-profit, closed to the public meeting, facility closed --------------------------------------$100/hr.

☐ Not-for-profit private social parties/receptions, facility closed----------------------------------$250/hr.

☐ For-profit users or organizations, open-to-the-public, facility closed---------------------------$100/hr.

☐ For-profit users, closed -to-the-public, or charge to attend, facility closed--------------------$175/hr.

☐ For-profit private social parties/receptions, facility closed---------------------------------------$350/hr.

PAYMENTS ACCEPTED IN CASH, CHECK OR CREDIT CARDS.   **TOTAL CHARGES $**_____

PLEASE READ AND SIGN THE ATTACHED MEETING ROOM CHECKLIST.
A COPY OF YOUR SIGNED APPLICATION WILL BE GIVEN TO YOU.

The undersigned hereby makes application to the Palos Verdes Library District for the use of the Miraleste Deck premises and certifies that the information given is correct. The undersigned further states that they have the authority to make this application and agrees that the applicant will assume all responsibility for any infraction of the rules and regulations as stated in the PALOS VERDES LIBRARY DISTRICT MEETING ROOM POLICY. Applicant assumes full responsibility for damage to or loss of equipment or furnishings. The undersigned has read and understands the Library Meeting Room Policy.

_____   _____
Signature of Responsible Party   Date   Print Name and Daytime Phone Number

Return signed copy to:	Administration Office	For Office Use Only: (initial all that apply)
	Palos Verdes Library District	☐ **paid** _____
	701 Silver Spur Road, Rolling Hills Estates, CA 90274	☐ **confirmed** _____
	(310) 377-9584 Ext 247/Fax: (310) 541-6807	☐ **no charge** _____
		☐ **approved by Director** _____
		☐ **approved by Facilities** _____

12/22