Check One Below:  This rental has a three-hour minimum, no half hours, and estimate rental should include set-up and clean-up time. For other considerations contact Administration. 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 open------------------$15/hr.; ☐ facility closed--------------$70/hr.
☐ Not-for-profit, closed to the public meeting, facility open ------------------$70/hr.; ☐ facility closed--------------$100/hr.
☐ Not-for-profit private social parties/receptions, facility open------------------$130/hr.; ☐ facility closed--------------$250/hr.
☐ For-profit users or organizations, open-to-the-public, facility open------------------$70/hr.; ☐ facility closed--------------$100/hr.
☐ For-profit users, closed -to-the-public, or charge to attend, facility open------------------$130/hr.; ☐ facility closed--------------$175/hr.
☐ For-profit private social parties/receptions, facility open------------------$300/hr.; ☐ facility closed--------------$350/hr.

Check for use with rental at NO CHARGE:
☐ Easel   ☐ White Board w/ marker   ☐ Podium with Mic   ☐ Flipchart   ☐ Other ______________________

Check for use of additional equipment, priced as “Per Use”:
☐ Multiple Microphones - $30   ☐ Wireless Microphone - $30   ☐ Conference Phone - $30
☐ Laptop & Projector (projects on wall only) - $30   ☐ Projector - $30 (___Mac/___PC)

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 MC Community Room premises and certifies that the information given is correct. The undersigned further states that applicant has 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   D ate       Print Name and Daytime Phone Number

Return signed copy to:   Administration Office
                        Palos Verdes Library District
                        701 Silver Spur Road, Rolling Hills Estates, CA  90274
                        (310) 377-9584 Ext 247/Fax: (310) 541-6807

For Office Use Only: (initial all that apply)
☐ paid ____________
☐ confirmed ____________
☐ no charge ____________
☐ approved by Director ____________
☐ approved by Facilities ____________

12/22