

PALOS VERDES LIBRARY DISTRICT

APPLICATION FOR USE OF THE **PENINSULA CENTER LIBRARY - CONFERENCE ROOM**

701 Silver Spur Road, Rolling Hills Estates, CA 90274 (310) 377-9584 x 247

Organization \_\_\_\_\_ Date of Application: \_\_\_\_\_

Purpose of Meeting \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

**Day of Week \_\_\_\_\_ Date of Event \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_**

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_ Total # of hours: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

**Check one below. This rental is by the hour, with no half hours, and estimated rental should include set-up and clean-up time. For other considerations, please contact Administration.** Fees are payable at time of reservation. Cancellations made at least two weeks prior to event will be refunded, less a \$10 administrative fee. Four-week notice required for use of facility after hours.

- Not-for-profit, open to the public meeting, facility open-----\$10/hr.;  facility closed-----\$50/hr.
- Not-for-profit, closed to the public meeting, facility open -----\$30/hr.;  facility closed -----\$75/hr.
- For-profit users, open-to-the-public, facility open-----\$30/hr.;  facility closed-----\$60/hr.
- For-profit users, closed-to-the-public, or charge to attend, facility open-----\$60/hr.;  facility closed-----\$90/hr.

**Check for use with rental at NO CHARGE:**

- Easel     White Board     Dry Erase Marker     Flip Chat     Other \_\_\_\_\_

**Check for use of additional equipment, priced as "per use":**

- Laptop & Projector - \$30     Conference Phone - \$30
- Projector - \$30 ( \_\_\_ Mac/ \_\_\_ PC)

**Please bring presentation on flash drive if renting library laptop and projector.**

**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 Conference 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 \_\_\_\_\_