## PALOS VERDES LIBRARY DISTRICT

## APPLICATION FOR USE OF THE MALAGA COVE LIBRARY - COMMUNITY ROOM

2400 Via Campesina, Palos Verdes Estates, CA 90274 (310) 377-9584 x247

Organization		Date of Application:				
Purpose of Meeting			Expected Attendance:			
Day of Week	Date of E	event		Time	to	
Contact Person	ontact PersonEmail				Total # of hours:	
Address	Ci			y, State, Zip		
Business Telephone: ( )	)		_ Home: (	)		
clean-up time. For other	er considerations cont ks prior to event will b	tact Administratio	on. Fees are	payable at time of	ral should include set-up an f reservation. Cancellations r-week notice required for	
□ Not-for-profit, open t	o the public meeting,	facility open		\$15/hr.; ☐ fac	ility closed\$70/h	
$\hfill \square$ Not-for-profit, closed to the public meeting, facility open				\$70/hr.; 🗆 fac	cility closed\$100/h	
☐ Not-for-profit private social parties/receptions, facility open\$130/hr.; ☐ facility closed\$250/						
☐ For-profit users or organizations, open-to-the-public, facility open\$70/hr.; ☐ facility closed\$100/h						
☐ For-profit users, close	ed -to-the-public, or cl	harge to attend, fa	acility open-	\$130/hr.; 🗆 fac	cility closed\$175/h	
☐ For-profit private soc	ial parties/receptions,	, facility open		\$300/hr.; □ fa	cility closed\$350/h	
Check for use with renta		Podium with Mic	□ Flipcha	rt 🗆 Other		
				ce Phone - \$30	Please bring presentation on flash drive if renting library laptop and projecto	
☐ Laptop & Projector (¡	projects on wall only) -	\$30				
PAYMENTS ACCEPTED IN CASH, CHECK OR CREDIT CARDS.				TOTAL CHARGES \$		
PLEASE READ AND SIG	IN THE ATTACHED MEETIN	IG ROOM CHECKLIST.	A COPY OF YO	OUR SIGNED APPLICAT	ION WILL BE GIVEN TO YOU.	
The undersigned hereby makes given is correct. The undersigne	application to the Palos Verdeed further states that applicant	es Library District for the thas the authority to ma	use of the MC C ake this applicat TRICT MEETING	Community Room premise ion and agrees that the ap ROOM POLICY. Applicant	es and certifies that the information oplicant will assume all responsibility fassumes full responsibility for damag	
Signature of Responsible I	Party	Date	Print Na	ame and Daytime Ph	one Number	
Return signed copy to:	turn signed copy to:  Administration Office Palos Verdes Library District 701 Silver Spur Road, Rolling Hills Estates, CA 9 (310) 377-9584 Ext 247/Fax: (310) 541-6807			For Office Use Only: (initial all that apply)    paid  274		