PALOS VERDES LIBRARY DISTRICT

APPLICATION FOR USE OF THE PENINSULA CENTER LIBRARY - COMMUNITY ROOM

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

		23, Cr. 30274 (310) 377 3304 X2	
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 Phone: ()	
clean-up time. For other	ental has a three-hour minimum, no half considerations, please contact Administ prior to event will be refunded, less a \$60	ration. Fees are payable at tim	e of reservation. Cancellation
$\hfill \square$ Not-for-profit, open to	the public meeting, facility open	\$20/hr.; □ facilit	y closed\$75/hr
☐ Not-for-profit, closed t	o the public meeting, facility open	\$75/hr.; 🗆 facili	ty closed\$100/hr
☐ Not-for-profit, private	memorial services, facility open	\$130/hr.; □ facili	ty closed\$250/hi
□ Not-for-profit private s	ocial parties/receptions, facility open	\$130/hr.; □ facili	ty closed\$250/h
☐ For-profit users or orga	nizations, open-to-the-public, facility ope	n\$75/hr.; □ facili	ty closed\$100/hr
☐ For-profit users, closed	to the public, or charge to attend, facility	v open\$135/hr.; ☐ facili	ty closed\$175/hi
☐ For-profit private socia	l parties/receptions, facility open	\$300/hr.; 🗆 facili	ty closed\$350/hi
☐ Weddings (three-hour	minimum plus security deposit)		\$450/hr
Check for use with renta	l at NO CHARGE:		
☐ Easel ☐ White Bo	ard w/ marker □ Podium with Mic	☐ Flipchart ☐ Other	
Check for use of addition	nal equipment, priced as "Per Use":		
☐ Multiple Microphone	s - \$30	Conference Phone - \$30	Please bring presentation of flash drive if renting librar
☐ Laptop & Projector - \$	330 ☐ Piano - \$35		laptop and projector.
PAYMENTS ACCEPTED IN	I CASH, CHECK OR CREDIT CARDS.	TOTAL CHARGES	\$
The undersigned hereby makes information given is correct. T all responsibility for any infract	STACHED MEETING ROOM CHECKLIST. A CO s application to the Palos Verdes Library District for the undersigned further states that they have the au- tion of the rules and regulations as stated in the PAI to or loss of equipment or furnishings. The undersign	the use of the Community Room pren thority to make this application and a LOS VERDES LIBRARY DISTRICT MEETIN	nises and certifies that the grees that the applicant will assume IG ROOM POLICY. Applicant assume
 Signature of Responsible F	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 (310) 377-9584 Ext 247/Fax: (310) 541-6807	For Office Use paid confirme no charg approved	Only: (initial all that apply) d e d by Director

12-22