

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

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 _____