PALOS VERDES LIBRARY DISTRICT
APPLICATION FOR USE OF THE **PENINSULA CENTER LIBRARY – PURCELL MEETING 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 _____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 $15 administrative fee.

☐ Not-for-profit, open to the public meeting----------------------------$15/hour

☐ Not-for-profit, closed to the public meeting ------------------------- $70/hour

☐ For-profit users or organizations, open-to-the-public----------------$70/hour

☐ For-profit users, closed to the public, or charge to attend----------$130/hour

> **THE PURCELL MEETING ROOM IS ONLY AVAILABLE DURING LIBRARY OPEN HOURS:**
>
> **Mon. -Thurs 10:00 am to 8:00 pm**
> **Friday 2:00 pm – 6:00 pm**
> **Saturday 10:00 am – 5:00 pm**
> **Sunday 1:00 pm – 5:00 pm**
>
> --------------------------
>
> Please bring presentation on flash drive if renting library laptop and projector.

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

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 Purcell Meeting Room premises and certifies that the information given is correct. The undersigned further states that the 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. The 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	For Office Use Only: (initial all that apply)
	Palos Verdes Library District	☐ **paid** _____
	701 Silver Spur Road, Rolling Hills Estates, CA 90274	☐ **confirmed** _____
	(310) 377-9584 Ext 247/Fax: (310) 541-6807	☐ **no charge** _____
		☐ **approved by Director** _____
		☐ **approved by Facilities** _____

12/22