PALOS VERDES LIBRARY DISTRICT

APPLICATION FOR USE OF THE MALAGA COVE LIBRARY - GARDEN

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 Event**_____Time_____to_____

Contact Person _____Total # of hours: _____

Address_____City, State, Zip_____

Business Telephone: ( )_____ Home: ( )_____

Check One Below: **FEES ARE BASED ON A THREE HOUR MINIMUM. NO HALF HOURS. ESTIMATED HOURS SHOULD INCLUDE SET-UP AND CLEAN-UP TIME. Fees are payable at time of reservation. There will be no exceptions. Cancellations made at least two weeks prior to event will be refunded, less a $45 administrative fee. Four week notice required for use of facility after hours.**

☐ Not-for-profit, open to the public meeting, facility open----------$15/hr.; ☐ facility closed----------$70/hr.

☐ Not-for-profit, closed to the public meeting, facility open ----------$70/hr.; ☐ facility closed ----------$100/hr.

☐ Not-for-profit private social parties/receptions, facility open----------$130/hr; ☐ facility closed----------$250/hr.

☐ For-profit users or organizations, open-to-the-public, facility open------$70/hr.; ☐ facility closed----------$100/hr.

☐ For-profit users, closed -to-the-public, or charge to attend, facility open---$130/hr.; ☐ facility closed----------$175/hr.

☐ For-profit private social parties/receptions, facility open----------$300/hr; ☐ facility closed----------$350/hr.

Check all that apply (rental of equipment is priced as "per use"):

☐ Multiple Microphones - $30

☐ Wireless Microphone - $30 ☐ Equipment Deposit - $25/ Received _____ , Returned _____

Check all that apply (use of the following at no charge):

Organization will use: ☐ Easel ☐ Other _____

PAYMENTS ACCEPTED IN CASH, CHECK OR CREDIT CARDS. **TOTAL CHARGES $_____**

PLEASE READ AND SIGN THE ATTACHED GALLERY ROOM POLICY.
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 Gallery Room premises and certifies that the information given is correct. The undersigned further states that he/she 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 GALLERY ROOM POLICY. He/she assumes full responsibility for damage to or loss of equipment or furnishings. The undersigned has read and understands the Library Gallery Room Policy.

_____ _____

Signature of Responsible Party Date Print Name and Daytime Phone Number

Return signed copy to:

Office of the Director
Palos Verdes Library District
701 Silver Spur Road, Rolling Hills Estates, CA 90274
(310) 377-9584/Fax: (310) 541-6807

For Office Use Only: (initial all that apply)

- ☐ **paid** _____
- ☐ **confirmed** _____
- ☐ **no charge** _____
- ☐ **approved by Director** _____
- ☐ **approved by Facilities** _____

09/14