PALOS VERDES LIBRARY DISTRICT
APPLICATION FOR USE OF THE MALAGA COVE LIBRARY - TOWER 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 Event____________________Time__________to_________

Contact Person____________________Total # of hours:________________________
Address____________________City, State, Zip______________________________
Business Telephone: (_________)(_________)_________________Home: (_________)(_________)

Check One Below: FEES ARE BASED ON AN HOURLY RATE. 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 $10 administrative fee. Four week notice required for use of facility after hours.
☐ Not-for-profit, open to the public, facility open----------------$10/hr.; ☐ facility closed----------------------$50/hr.
☐ Not-for-profit, closed to the public, 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 all that apply (rental of equipment is priced as “per use”):
☐ Flip Chart $15
☐ Dry Erase Marker- $1

Check all that apply (use of the following at no charge):
Organization will use: ☐ Easel ☐ White Board ☐ Other ____________________________

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

PLEASE READ AND SIGN THE ATTACHED TOWER 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 Tower 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 TOWER ROOM POLICY. He/she assumes full responsibility for damage to or loss of equipment or furnishings. The undersigned has read and understands the Library Tower 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 __________

06/18