

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 _____ Total # of hours: _____
 Address _____ City, State, Zip _____
 Business Telephone: () _____ Home: () _____

Check One Below: FEES 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 are refunded, less a \$15 administrative fee.

THE PURCELL MEETING ROOM IS ONLY AVAILABLE DURING LIBRARY OPEN HOURS (Mon-Thurs 9:00 am – 8:00 pm; Friday 9:00 am – 6:00 pm; Saturday 10:00 am – 5:00 pm & Sunday 1:00 pm – 5:00 pm)

- 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

Check all that apply (equipment rental priced as “Per Use”):

- Dry Erase Marker - \$1 Flip Chart - \$15 Laptop & Projector - \$30
- (Use of the following Items at NO CHARGE): Easel White Board Other _____

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

**PLEASE READ AND SIGN THE ATTACHED MEETING 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 Purcell Meeting 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 MEETING ROOM POLICY. He/she assumes full responsibility for damage to or loss of equipment or furnishings. The undersigned has read and understands the Meeting Room Policy.

Signature of Responsible Party _____ Date _____ Print Name and Daytime Phone Number _____

<p>Return signed copy to:</p>	<p>Office of the Director Palos Verdes Library District 701 Silver Spur Road, Rolling Hills Estates, CA 90274 (310) 377-9584/Fax: (310) 541-6807</p>	<p>For Office Use Only: (initial all that apply)</p> <p><input type="checkbox"/> paid _____</p> <p><input type="checkbox"/> confirmed _____</p> <p><input type="checkbox"/> no charge _____</p> <p><input type="checkbox"/> approved by Director _____</p> <p><input type="checkbox"/> approved by Facilities _____</p>
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