## PALOS VERDES LIBRARY DISTRICT

## APPLICATION FOR USE OF THE MIRALESTE LIBRARY – MAIN FLOOR

29089 Palos Verdes Drive East, Rancho Palos Verdes, CA (310) 377-9584 x247

Organization		Date o	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 has a three time. For other considerations contact to least two weeks prior to event will be ref hours.	he Administration Office. Fe	es are payable a	at time of reservat	ion. Cancellations made at		
□ Not-for-profit, open to the public m	eeting, facility closed		\$7	0/hr.		
Not-for-profit, closed to the public meeting, facility closed				100/hr.		
□ Not-for-profit private social parties/receptions, facility closed				50/hr.		
□ For-profit users or organizations, open-to-the-public, facility closed				00/hr.		
□ For-profit users, closed -to-the-public, or charge to attend, facility closed				75/hr.		
For-profit private social parties/receptions, facility closed				50/hr.		
Check for use with rental at NO CHARGE	:					
Easel White Board w/ marker	$\Box$ Podium with Mic $\Box$ F	lipchart 🗌 O	ther			
Check for use of additional equipment,	priced as "Per Use":					
Multiple Microphones - \$30 Wirele	ess Microphone - \$30 🛛 🗆 Co	onference Phon	e - \$30	Please bring presentation on flash drive if renting library		
🗆 Laptop & Projector - \$30 🛛 🗆 Projecto	r - \$30 (Mac/PC)			laptop and projector.		
PAYMENTS ACCEPTED IN CASH, CHE	CK OR CREDIT CARDS.	TO	TAL CHARGES \$_			
	EAD AND SIGN THE ATTACH Y OF YOUR SIGNED APPLICA	FION WILL BE G	IVEN TO YOU.	and cartifies that the information		

given is correct. The undersigned nereby makes application to the Palos Verdes Library District for the use of the Miraleste Library and certifies that the information given is correct. The undersigned further states that they have 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 E 701 Silver Spur Road, (310) 377-9584 Ext 24	District Rolling Hills Estates, CA 902	For Office Use Only: (initial all that apply)  paid confirmed no charge approved by Director approved by Facilities	12/22