PALOS VERDES LIBRARY DISTRICT
APPLICATION FOR USE OF THE **MALAGA COVE LIBRARY** - **GALLERY Wedding**

2400 Via Campesina, Palos Verdes Estates, CA 90274 (310) 377-9584 x247

Both names of wedding party:_____ Date of application: _____

_____ Expected attendance: _____

Date of wedding: _____ **Day of week:** _____

Number of hours renting day of wedding: _____ **Time:** _____ **to:** _____

Number of hours renting day before wedding: _____ **Time:** _____ **to:** _____

Total hours: _____ **x $450 per hour = Total charge:** _____

Contact Address: _____City, State, Zip_____

Telephone: _____ Email_____

FEES ARE BASED ON A THREE-HOUR MINIMUM. <u>NO HALF HOURS</u>. ESTIMATED HOURS SHOULD INCLUDE SET-UP AND CLEAN-UP TIME. Reservation of the date of the event is completed only after receipt of an $800 security deposit (refundable based on a post-event inspection) and a reservation deposit of 50% of the rental fee. The rental fee is refundable for cancellations received 30 days prior to the event date. Final payment is due 45 days in advance of the event date.

Wedding fee: $450/hour (three-hour minimum plus security deposit)

Security Deposit – $800.00 Received date: _____ Check #: _____
Check is shredded after post-event inspection

50% of Rental Fee, in the amount of: _____ Received date: _____
Copy of receipt is attached to application

Balance of: _____ is due 45 days before wedding on date: _____

Total Balance received date: _____
Copy of receipt is attached to application

(Wedding canceled 30 days prior to Wedding Date/Refund Issued on: _____ in the amount of: _____**)**

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PLEASE READ AND SIGN THE ATTACHED GALLERY ROOM POLICY.
A COPY OF YOUR SIGNED APPLICATION WILL BE GIVEN TO YOU.

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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:	**Malaga Cove Library**	For Office Use Only: (initial all that apply)
	2400 Via Campesina, PVE, CA 90274	☐ **paid** _____
	310-377-9584 Ext 551	☐ **confirmed** _____
		☐ **approved by Director** _____
		☐ **approved by Facilities** _____