PALOS VERDES LIBRARY DISTRICT
APPLICATION FOR USE OF THE MALAGA COVE LIBRARY – GALLERY & GARDEN
Social Event

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

Customer Name:_____ Date of Application:_____

Date of Event:_____ Day of Event:_____ Expected attendance (Max 70):_____

Contact Address: _____City, State, Zip_____

Telephone: _____ Email_____

Rentals of the Malaga Cove Gallery & Garden for Social Events occur on a per-hour basis, 3 hour minimum, no half hours. The rental time includes set up, clean up, and materials/outside vendor pick up. Reservation of the date of the event is completed only after receipt of the security deposit (refundable based on a post-event inspection), reservation deposit of 50% of the rental fee, and signed Private Social Event Rental Agreement. The rental fee is refundable for cancellations received 15 days prior to the event date, minus a $45 administration fee. Final payment is due 45 days in advance of the event date.

Not-for-profit private social parties/memorial services/receptions, facility open--------$130/hr.; Facility closed---------$250/hr.*

Security Deposit – (50% of rental fee) Received date: _____

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

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

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

Special Events Insurance Coverage - Minimum Liability Limit of $1,000,000 naming Palos Verdes Library District as an additional insured Received Date: _____

(Event canceled 15 days prior to Event Date/Refund Issued on: _____in the amount of: _____)

PLEASE READ AND SIGN THE ATTACHED GALLERY & GARDEN ROOM POLICY AND RENTAL AGREEMENT. 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 & Garden premises and certifies that the information given is correct. The undersigned further states that they have the authority to make this application and agree that the applicant will assume all responsibility for any infraction of the terms and conditions stated in the **Rental Agreement**. They assume full responsibility for damage to or loss of equipment or furnishings. The undersigned has read and understands the Rental Agreement and Library Gallery & Garden Room Policy.

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

Return signed copy to:	Administration Office	For Office Use Only: (initial all that apply)
	Palos Verdes Library District	☐ paid _____
	701 Silver Spur Road, Rolling Hills Estates, CA 90274	☐ confirmed _____
	(310) 377-9584 Ext 247/Fax: (310) 541-6807	☐ no charge _____
		☐ approved by Director _____
		☐ approved by Facilities _____
Form updated 4/29/24		☐ MC staff notified _____