

**PALOS VERDES LIBRARY DISTRICT  
APPLICATION FOR USE OF THE MIRAESTE LIBRARY – DECK**

29089 Palos Verdes Drive East, Rancho Palos Verdes, CA (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 A THREE HOUR MINIMUM. 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 \$45 administrative fee. Four week notice required for use of facility after hours.**

- Not-for-profit, open to the public meeting, facility closed-----\$70/hr.
- Not-for-profit, closed to the public meeting, facility closed -----\$100/hr.
- Not-for-profit private social parties/receptions, facility closed-----\$250/hr.
- For-profit users or organizations, open-to-the-public, facility closed-----\$100/hr.
- For-profit users, closed -to-the-public, or charge to attend, facility closed-----\$175/hr.
- For-profit private social parties/receptions, facility closed-----\$350/hr.

**PAYMENTS ACCEPTED IN CASH, CHECK OR CREDIT CARDS.**

**TOTAL CHARGES \$ \_\_\_\_\_**

**PLEASE READ AND SIGN THE ATTACHED GALLERY 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 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

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