

PALOS VERDES LIBRARY DISTRICT
APPLICATION FOR USE OF THE PENINSULA CENTER LIBRARY - CONFERENCE 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 _____
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Contact Person _____ Total # of hours: _____
 Address _____ City, State, Zip _____
 Business Telephone: () _____ Home: () _____

FEES ARE 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 will be refunded, less a \$10 administrative fee. Four weeks notice required for use of facility after hours.

Check One:

- Not-for-profit, open to the public meeting, facility open-----\$10/hr.; facility closed-----\$50/hr.
- Not-for-profit, closed to the public meeting, facility open -----\$30/hr.; facility closed -----\$75/hr.
- For-profit users, open-to-the-public, facility open-----\$30/hr.; facility closed-----\$60/hr.
- For-profit users, closed-to-the-public, or charge to attend, facility open-----\$60/hr.; facility closed-----\$90/hr.

Check all that apply (rental of equipment is priced as "per use"):

- Laptop & Projector - \$30 Projector - \$30 (___Mac/ ___PC) Flip Chart - \$15 Dry Erase Marker - \$1
- Conference Phone - \$30 Equipment Deposit - \$25/ Received _____ , Returned _____

Check all that apply (use of the following at no charge):

- White Board Easel Other _____

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

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

 Signature of Responsible Party Date Print Name and Daytime Phone Number

<p>Return signed copy to: 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> <ul style="list-style-type: none"> <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 _____
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