

**PALOS VERDES LIBRARY DISTRICT**  
**APPLICATION FOR USE OF THE MALAGA COVE LIBRARY - TOWER ROOM**  
 2400 Via Campesina, Palos Verdes Estates, CA 90274 (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 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 week notice required for use of facility after hours.**

- 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"):**

- Flip Chart \$15
- Dry Erase Marker- \$1

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

Organization will use:  Easel  White Board  Other \_\_\_\_\_

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

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

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_ Print Name and Daytime Phone Number \_\_\_\_\_

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| <p><b>Return signed copy to:</b> Office of the Director<br/>                 Palos Verdes Library District<br/>                 701 Silver Spur Road, Rolling Hills Estates, CA 90274<br/>                 (310) 377-9584/Fax: (310) 541-6807</p> | <p><b>For Office Use Only: (initial all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> paid _____</li> <li><input type="checkbox"/> confirmed _____</li> <li><input type="checkbox"/> no charge _____</li> <li><input type="checkbox"/> approved by Director _____</li> <li><input type="checkbox"/> approved by Facilities _____</li> </ul> |
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