

**ARTHUR F. TURNER COMMUNITY LIBRARY
YOLO COUNTY LIBRARY
APPLICATION FOR USE OF LIBRARY BRANCH MEETING ROOMS**



1. No charge for use during the hours when the Library is open.
2. Refer to County Library Fines & Fees Schedule for list of fees.
3. Confirmed reservations are based on the order of receipt of written application.
4. Confirm all equipment needed with submission of application.
5. Additional information provided on the attached sheet.
6. Self-service room set-up.
7. Non-Profit Organizations only. No Commercial Activity.

PLEASE PRINT

Organization _____ Phone: _____

Day & Date Requested: _____ Time (including Set up and Clean up) From: _____ To: _____

Person Making Reservation: _____ Phone: _____

Address: _____ City/Zip: _____

Additional Contact Person: _____ Phone: _____

Person responsible for Set up and Clean up: _____

Address: _____ Phone: _____

Number of persons attending: _____ Description of Planned Activity: _____

EQUIPMENT NEEDS (check all that apply)

Complete electronic, sound & audio visual system (includes: DVD/VHS/CD Player, Overhead Projector & Screen, Audio Recording Equipment, Sound System)

Microphones (check box to indicate type and quantity): (2) Lapel Microphone _____ (2) Directional Microphone (table top) _____

(4) Assisted Listening Device _____ (2) VGA Cables- 5 ft. _____ (1-25ft) VGA Cable

Audio/Video input/output cables (2) _____

BILLING INFORMATION—THIS IS THE ONLY NOTICE YOU WILL RECEIVE

(Fees must be paid at the time application is submitted. After Hours Fees apply during closed library hours: Monday before 12:00 Noon, Tuesday -Thursday before 11:00am, Friday/Saturday before 10:00am, Sunday before 1pm. Evening Closed hours are: Monday -Thursday. after 8pm, Friday & Saturday after 5:30pm, Sunday after 5:00pm and holidays.) Fax completed forms to: (916) 371-5612. Allow 24 to 48 hours for processing and confirmation of room availability.

After Hours Room Rental— \$10.00 per hour x _____ Hours= \$ _____

Food / Beverages Fee—\$10.00 Yes No = \$ _____

TOTAL CHARGES = \$ _____

Yolo County Library reserves the right to charge for any damages to equipment, the room, or for any necessary cleaning after use. "I have read and understand the meeting room fees and policies and agree to abide by the terms and conditions of this contract."

Name of applicant—Please print: _____ Signature of applicant: _____

Date paid: _____ Amount paid: _____ Receipt # _____ Staff Initials: _____

Equipment picked up (type and quantity): _____ Equipment returned? Yes No

Keys picked up: _____ Keys returned _____ Yes No

Signature _____ Key Color _____

Staff After Hours Call Back Fee (\$50) applied? Yes No