

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



1. No charge for use during the hours when the Library is open.
2. Refer to Yolo County Library Fines & Fees Schedule for list of fees.
3. Confirmed reservations are based on the order of receipt of written application.
4. Application must be submitted in person.
5. Obtain a Meeting Room Confirmation receipt at time of booking.
6. Confirm all equipment needed with submission of application.
7. All fees must be paid at the time the application is submitted.
8. Self-service room set-up.
9. Non-Profit Organizations only. No Commercial Activity. Event must be open to the public.

PLEASE PRINT:

Organization: _____ Phone: _____
 Day & Date Requested: _____ Time (including set up & clean up): From _____ To _____
 Person Making Reservation: _____ Phone: _____
 Address: _____ City/Zip: _____
 Additional Contact Person: _____ Phone: _____
 Person responsible for Set Up and Clean Up: _____ Phone: _____
 Address: _____ Phone: _____
 Number of persons attending: _____ Description of Planned Activity: _____

BILLING INFORMATION –THIS IS THE ONLY NOTICE YOU WILL RECEIVE (Fees must be paid at time application is submitted)

AV Equipment Use fee: \$10 ___yes ___no = \$ _____
 After Hours Room Rental: \$20 per hour x _____ Hours = \$ _____
 Food Beverage fee: \$25 ___yes ___no = \$ _____
TOTAL CHARGES = \$ _____

Date paid: _____ Amount Paid: _____ Receipt #: _____ Staff initials: _____
 Yolo County Library reserves the right to charge for any damages to equipment, the room, or any necessary cleaning after use.

EQUIPMENT NEEDS (check all that apply) (numbers in parenthesis indicate quantity AFT has of item)

___ Complete electronic, sound & audio visual system (includes DVD/VHS/CD Player, Overhead Projector & Screen, and Sound System)

OR

	<u>Date Picked Up</u>	<u>Date Returned</u>
___ Table Top Hand Held Microphone & stand (table top) – needs microphone cable (2)	_____	_____
___ Lavalier Microphone aka. Lapel mic (wireless) (2)	_____	_____
___ Microphone Cable Table Top Hand Held 25 feet (2)	_____	_____
___ Assisted Listening Device (wireless) (4)	_____	_____
___ VGA Cable – 5 ft. (Projector/DVD player/TV connector) (1)	_____	_____
___ VGA Cable – 25 ft. (1)	_____	_____
___ Audio/video cable 9 ft. (projector/DVD player/TV connector) (2)	_____	_____

KEYS:

Keys picked up: _____ Key bag color: _____ Keys returned: ___yes ___no
 Patron's Signature _____

CARPET CLEANING FEE: Carpet cleaning fee plus the actual cost of professional cleaning.

Carpet Cleaning fee: \$50 ___yes ___no = \$ _____
 Professional Cleaning Charge (actual cost): = \$ _____
TOTAL CHARGES = \$ _____

AFTER HOUR CALL BACK FEE: After Hours Call Back Fees apply during closed library hours: Monday before 12 noon, Tuesday-Thursday before 11 am, Friday/Saturday before 10 am, Sunday before 1 pm. Evening closed hours are Monday-Thursday, after 8 pm, Friday & Saturday after 5:30 pm, Sunday after 5 pm, and holidays.

Staff After Hours Call Back Fee (\$125) applied? ___yes ___no

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: _____