

**STEPHENS-DAVIS BRANCH LIBRARY
YOLO COUNTY LIBRARY
APPLICATION FOR USE OF BLANCHARD 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 may be submitted in person or by FAX (530)757-5590
5. Confirm all equipment needed with submission of application.
6. All fees must be paid at the time the application is submitted.
7. Self-service room set-up.
8. Not for profit uses only. No Commercial Activity. Event must be open to the public with free admission.

PLEASE PRINT:

Organization: _____ Phone: _____

Day & Date Requested: _____ Time (including set up & clean up): From _____ To _____

Person Making Reservation: _____ Phone: _____

Address: _____ Library Card# : _____

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 Davis branch owns)

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>
<input type="checkbox"/> Table Top Hand Held Microphone & stand (table top) (2)	_____	_____
<input type="checkbox"/> Lavalier Microphone aka. Lapel mic (wireless) (2)	_____	_____
<input type="checkbox"/> Assisted Listening Device (wireless) (4)	_____	_____
<input type="checkbox"/> VGA Cable 10 ft. (Projector/DVD player/TV connector) (1) (yellow)	_____	_____
<input type="checkbox"/> VGA Cable –10 ft. (1) mini dvi to VGA connector, lightning to USB cable (green)	_____	_____

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 HOURS CALL BACK FEE: After Hours Call Back Fees apply during closed library hours: Monday before 1PM, Tuesday-Saturday before 10AM, Sunday before 1 pm. Evening closed hours are Monday-Thursday, after 9PM, Friday & Saturday after 5:30PM, Sunday after 5PM, and holidays.

Staff After Hours Call Back Fee (\$125) applied? yes no

SIGNATURE:

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: _____