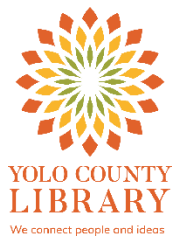


**ARTHUR F. TURNER COMMUNITY LIBRARY
YOLO COUNTY LIBRARY
APPLICATION FOR USE OF LIBRARY BRANCH MEETING ROOM**



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 within 72 hours of reservation approval.
8. Library Meeting Room Policy available upon request.
9. Self-service room set-up.
10. Not for profit use 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: _____ 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 BluRay/CD Player, Overhead Projector & Screen, and Sound System)

OR	Date Picked Up	Date Returned
<input type="checkbox"/> Table Top Hand Held Microphone & stand (table top) – needs microphone cable (2)	_____	_____
<input type="checkbox"/> Wireless Hand Held Microphone (1)	_____	_____
<input type="checkbox"/> Lavalier Microphone aka. Lapel mic (wireless) (1)	_____	_____
<input type="checkbox"/> Microphone Cable Table Top Hand Held 25 feet (2)	_____	_____
<input type="checkbox"/> Assisted Listening Device (wireless) (4)	_____	_____
<input type="checkbox"/> HDMI Cable – 25 ft. (1)	_____	_____
<input type="checkbox"/> VGA Cable – 25 ft. (1)	_____	_____
<input type="checkbox"/> VGA Cable – 5 ft. (1)	_____	_____

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. Fees applied only if needed.

Carpet Cleaning fee: \$50 yes no = \$ _____
 Professional Cleaning Charge (actual cost): = \$ _____
TOTAL CHARGES = \$ _____

I have read and understand the fees for carpet cleaning. _____ initials _____ date

AFTER HOURS CALL BACK FEE: After Hours Call Back Fee applied during closed library hours: Monday before 12 noon, Tuesday-Saturday before 11 am. Evening closed hours are Monday-Thursday, after 7 pm, Friday & Saturday after 5:30 pm, Sundays and holidays. Fee applies only if staff needs to be contacted before or after open library hours.

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

I have read and understand the fee for after hours call back. _____ initials _____ date

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: _____