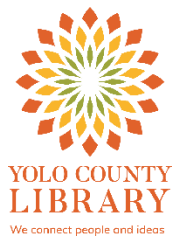


**YOLO BRANCH LIBRARY  
YOLO COUNTY LIBRARY  
APPLICATION FOR USE OF LIBRARY BRANCH MEETING ROOM**



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 Blu-ray/CD Player, Overhead Projector & Screen, and Sound System)

<b>OR</b>	<b>Date Picked Up</b>	<b>Date Returned</b>
<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

**AFTER HOURS CALL BACK FEE:** After Hours Call Back Fee applied during closed library hours: Monday-Tuesday before 1pm, Wednesday before 3pm, Thursday and Saturday before 10am. Evening closed hours are Monday, Tuesday, Thursday after 5:30pm, Wednesday after 7pm, Saturday after 3 pm, and Fridays, 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. Applicant 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: \_\_\_\_\_