

SAN DIEGO PUBLIC LIBRARY
APPLICATION FOR USE OF MEETING ROOMS

Date: _____ Branch: _____

Name of Organization: _____

Type of Group: _____ Library Sponsored _____ City Job Order No. _____ Not For Profit No.
_____ Fee (Event, Private, Governmental, Church, Commercial, Schools, Fund-raising)

Table with 6 columns: Date, Start Time, End Time, No. Attending, Room, Program Purpose. Includes three rows of blank lines for data entry.

The policy governing the use of the Meeting Room has been read, understood, and will be followed. I understand that failure to notify the Branch Manager (for Central Library contact Administration) in writing of cancellation at least two weeks prior to an event will result in forfeiture of deposit and fees and/or future right of use. I relieve the City of San Diego of liability attendant on this use. Failure to comply with any of the stated regulations will result in the immediate cancellation of the booking and forfeiture of any funds received, and may lead to suspension of meeting room use. Note: Art and other forms of exhibits may be installed in the meeting room that some people may find objectionable. If this is of concern to you, or to determine the content of the exhibit for the date(s) you are booking the meeting room, please discuss this with the Branch Manager. All fees are subject to change without notice. Also, unless otherwise arranged, all organizations and attendees must exit the building 15 minutes prior to closing.

Applicant _____ Home Phone (____) _____
(Name and Title)

Address/M.S. _____ Work Phone _____
E-mail _____
Fax Number _____

City State Zip Code

Local Contact Name/Address/Telephone Number (Required) _____

Signature _____ Date _____

RECEIPT FOR USE OF MEETING ROOMS

Date Use Fee Paid _____ Amount _____ Check No. _____
Date Damage/Cleaning Deposit Paid _____ Amount _____ Check No. _____
Received by _____ Date Staff Assigned _____ Name _____
Comments _____

PATRON RECEIPT FOR USE OF LIBRARY MEETING ROOMS

Date Use Fee Paid _____ Amount _____ Check No. _____ Received by _____
Date Damage/Cleaning Deposit Paid _____ Amount _____ Check No. _____ Received by _____
Scheduled Date and Time of Meeting _____ Room _____ Branch _____
Comments _____