

Santa Barbara Public Library System
APPLICATION FOR USE OF MEETING ROOM

CENTRAL LIBRARY, Administration Office, PO Box 1019, Santa Barbara, CA 93102 (564-5608)

Name of organization _____ Date of meeting _____

Applicant's name _____ Organization is: Non-Profit For Profit

Contact person (and phone) if different from applicant _____

Meeting room requested: Faulkner Gallery Faulkner Gallery East Faulkner Gallery West Townley Room

Scheduled meeting will be held between the hours of _____ and _____ Set-up time prior to meeting _____

Subject or purpose of meeting _____

Approximate number of people expected: _____

Charges for meeting room space in accordance with City of Santa Barbara Resolution 05-060:

For local non-profit organizations:

- Faulkner Gallery: \$70 for initial 3-hour period, \$25 for each additional hour.
- Faulkner East or West: \$20 for initial 3-hour period, \$10 for each additional hour.
- Townley Room: \$40 for initial 3-hour period, \$15 for each additional hour.

For local profit organizations:

- Faulkner Gallery: \$200 for initial 3-hr period, \$75 for each additional hour.
- Faulkner East or West: \$30 for initial 3-hr period, \$10 for each additional hour.
- Townley Room: \$125 for initial 3-hour period, \$50 for each additional hour.

Additional charges for serving refreshments in accordance with City of Santa Barbara Resolution 05-060:

- Faulkner Gallery: \$75
- Faulkner East, Faulkner West, or Townley Room: \$30

I request use of the following:

- Chairs, number _____
- Tables, number _____
- Screen
- Lectern

Amount attached: \$_____ Cash Check No. _____

NOTE: Your organization is responsible for setting up chairs and re-stacking them prior to departure and for otherwise leaving the room as you found it. Tables, screen or lectern will be in meeting room upon your arrival.

I have read the general rules for the use of the meeting rooms (on reverse) and assume personal responsibility for compliance with these rules.

Application approved: _____ Signature _____ Date: _____

Library Director (or Designee) Title _____

Address _____

Day Phone _____ Evening Phone _____