

Santa Barbara Public Library System
APPLICATION FOR USE OF MEETING ROOM

- EASTSIDE BRANCH LIBRARY, 1102 E. Montecito St., Santa Barbara, CA 93103 (963-3727)
 GOLETA BRANCH LIBRARY, 500 N. Fairview Ave., Goleta, CA 93117 (964-7878)

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:

- Goleta Branch Multipurpose Room Goleta Branch Conference Room Eastside Branch ML King Wing

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: _____ Contact person e-mail address _____

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

For local non-profit organizations:

- Goleta Branch Multipurpose Room: \$35 for initial 3-hour period, \$10 for each additional hour.
 Goleta Branch Conference Room: \$15 for initial 3-hour period, \$7.50 for each additional hour.
 Eastside Branch Martin Luther King Wing: \$30 for initial 3-hour period, \$10 for each additional hour.

For local profit organizations:

- Goleta Branch Multipurpose Room: \$125 for initial 3-hour period, \$50 for each additional hour.
 Goleta Branch Conference Room: \$30 for initial 3-hour period, \$10 for each additional hour.
 Eastside Branch Martin Luther King Wing: \$125 for initial 3-hour period, \$50 for each additional hour.

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 _____