

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: \$75 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 \_\_\_\_\_