

LOS ANGELES PUBLIC LIBRARY
BRANCH LIBRARY FACILITIES AND MEETING ROOMS
APPLICATION TO USE FACILITY

Please complete and return this form, at least 30 days prior to the scheduled event.

Date Submitted: _____

1. BRANCH LIBRARY: _____
2. EVENT NAME: _____
3. EVENT DAY AND DATE: _____
4. EVENT TIME: _____ From _____ To _____ SET UP TIME _____
5. EST. SIZE OF GROUP: _____ ADULTS _____ YOUNG ADULTS _____ CHILDREN _____
6. EVENT INTENDED FOR THE GENERAL PUBLIC? { } Yes { } No
ADMISSION LIMITED TO MEMBERS? { } Yes { } No
EVENT FOR PRESENT OR FUTURE FINANCIAL GAIN? { } Yes { } No
7. Name of Organization: _____
Address: _____
8. Contact person: _____ Phone: _____ (Day)
Position: _____ : _____ (Night)
Signature: _____ FAX: _____
E-mail: _____
Address (if different from organization) _____
9. DESCRIPTION OF EVENT: { } Meeting { } Program { } Book Signing
{ } Reception { } Dinner { } Celebrity/Author Appearance { } Other (Specify): _____
10. A/V EQUIPMENT: { } Podium { } Microphone { } Video { } Other (Specify): _____
11. ASSISTANCE REQUIRED: (Fees on Website www.lapl.org) { } AV Tech { } Custodian
{ } Event Attendant { } Security { } Facility Coordinator { } Other (Specify) _____
12. FOOD SERVICE: From: _____ a.m/p.m. To: _____ a.m/p.m.
(Circle One) (Circle One)
EVENT WILL BE CATERED { } Yes { } No
Will bring own refreshments
{ } Breakfast { } Lunch { } Dinner { } Other (Specify) _____
{ } Catering Company and Contact Name _____
Phone _____
13. VENDORS CONTACT NAME, PHONE/FAX NUMBERS:

FOR LIBRARY OFFICE USE ONLY:

FACILITY FEES: \$ _____

STAFF FEES: Security \$ _____

Facility Coordinator _____

Custodial _____

Audio Visual _____

Other _____

TOTAL: \$ _____