



County of San Diego

MIGELL ACOSTA
LIBRARY DIRECTOR

COUNTY LIBRARY

5560 OVERLAND AVENUE, SUITE 110, SAN DIEGO, CA 92123
www.sdcl.org

COMMUNITY ROOM APPLICATION

ORGANIZATION NAME _____

REQUESTS PERMISSION TO USE THE _____ LIBRARY COMMUNITY ROOM
(BRANCH NAME HERE)

DATE(S) _____ TIME: FROM _____ TO _____

ANTICIPATED ATTENDANCE _____ PURPOSE /USE _____

RESERVED BY _____

ALTERNATE CONTACT

RESERVED BY _____

CA Driver's License/Identification # _____

CA Driver's License/Identification # _____

ADDRESS _____

ADDRESS _____

PHONE NUMBERS _____

PHONE NUMBERS _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

I have read and understand the guidelines which govern the use of the San Diego County Library Community Room facilities, and I agree to abide by those Rules. I **further agree to notify the library at least 24 hours in advance when cancelling reservations.** My initials below indicate I understand the following stipulations:

_____ **Session Fee:** The \$50.00 per session fee is **non-refundable**. The \$50 per session use fee or proof of non-profit status must accompany the application.

_____ **Food/Refreshments:** A custodial clean-up fee of \$25 will be charged to any group or individual if more than light refreshments will be served.

_____ **Closed hours use only:** A fee of \$25 will be charged for keys not returned within two branch working days.

Applicant agrees to indemnify and save harmless the County Library and the County of San Diego, their officers, agents and employees from and against all loss or expense (including costs and attorney fees) by reason of liability imposed by law upon the County Library or the County of San Diego for damages because of bodily injury, including death at any time resulting there from sustained by any person or persons on account of damages to property, including loss of use thereof, arising out of or in consequence of the performance of this agreement, providing such injury to persons or damage to property is due or claimed to be due to the negligence of the above named applicant, its officers, employees or agents. The person responsible and in charge of function must be physically present at all times during use of facilities. All members of the user group agree to abide by all conditions in this application at this time.

SIGNATURE

DATE

AUTHORIZING SIGNATURES:

Branch Manager Approved Denied Date

Date fee paid _____ Receipt # _____ Amount paid \$ _____

Reservation cancelled by: _____ Date _____ Staff _____

Date key picked up Date keys are due back

Date keys returned _____ STAFF INITIALS _____

LIB 08-54 (Rev. March 2017) Community Room Application