



SANTA CLARA CENTRAL PARK LIBRARY

2635 Homestead Road, Santa Clara, CA 95051

LibAdmin@santaclaraca.gov

PHONE: 1-408-615-2930 FAX: 1-408-247-9657



MARGIE EDINGER COMMUNITY ROOM
USE AGREEMENT

Room Capacity: 60 chairs, Auditorium/Theater-style Seating

***** NO SALES OF ANY KIND *****

THE SALE OF ITEMS OR SERVICES IN LIBRARY COMMUNITY ROOMS IS NOT PERMITTED UNLESS SPECIFICALLY APPROVED IN ADVANCE AND IN WRITING BY THE BOARD OF LIBRARY TRUSTEES OR BOARD DESIGNEE. COMMERCIAL USE BY ORGANIZATIONS WHOSE PRIMARY PURPOSE FOR HOLDING A MEETING IS TO SELL OR SOLICIT NAMES FOR FUTURE SALES IS PROHIBITED, INCLUDING THE INTENT TO SOLICIT, SELL, OR REQUEST DONATIONS DURING A MEETING. NO ORGANIZATION, GROUP, OR INDIVIDUAL SPONSORING OR PARTICIPATING IN THE EVENT MAY ADVERTISE ANY SERVICES OR PRODUCTS(S), EITHER VERBALLY OR IN WRITTEN FORM. NO PROMOTIONAL MATERIAL MAY BE DISTRIBUTED (BUSINESS CARDS ARE ACCEPTABLE).

PLEASE PRINT LEGIBLY: Today's Date: _____

Date & Time Requested:	Date: _____	Start Time: _____	End Time: _____
Attendance: # of Adults: _____	# of Children: _____	(Minimum 20 attendees required)	
Program Description or Intended Use:			

Applicant's Library Card #: _____ **In good standing-verified:** _____

PERMISSION TO USE A COMMUNITY ROOM IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR ORGANIZATION TO ANOTHER. THE APPLICANT SIGNING THIS AGREEMENT MUST BE PRESENT DURING THE ENTIRE EVENT AND IS RESPONSIBLE FOR PAYMENT OF FEES AND PROPER USE AND CLEAN-UP OF THE ROOM.

Name of Applicant/Program Leader: _____

Name of Organization: _____

Address: _____

Phone: Day: _____ **Evening:** _____ **Cell :** _____

FAX: _____ **Email:** _____

FEE SCHEDULE:

If the event ends before the time designated on the Agreement, fees will not be prorated.

Hours of Use*: _____ x **\$50.00/hour** = Use Fees Due: \$ _____

*** 2 HOUR MINIMUM:** Setup/cleanup time must be completed within the reserved period.
No access is allowed prior to or after the reserved period.

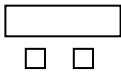
Room Rental Processing Fee: **\$50.00** (non-refundable) \$ 50.00

TOTAL FEES DUE: \$ _____ **FEES PAID DATE:** _____

Make check payable to: City of Santa Clara

Room Set-Up: (check one box for room set-up)

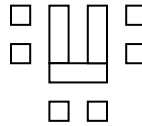
Classroom Style
Max 32 seats



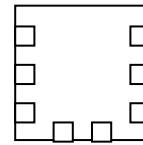
Auditorium/Theater Style
Max 60 seats



U-Shaped Style
Max 24 seats



Reception Style
Max 30 seats



Number of seats: _____ Number of additional tables (registration; food/beverages): _____

Food/beverages served? ___ Yes ___ No Additional Trash Cans: ___ Yes ___ No

Audio/Visual:

Podium/Microphone: ___ Yes ___ No Screen/Digital Projector: ___ Yes ___ No
(User to provide own laptop)

Assisted Listening Devices: ___ Yes ___ No Number of Devices: _____

Other: _____

BY SIGNING THIS AGREEMENT, APPLICANT AGREES TO THE FOLLOWING:

ROOM SCHEDULING:

- All reservation requests must be made in person, by phone, by email at LibAdmin@santaclaraca.gov, or by fax at the Central Park Library, Library Administration Office, 2635 Homestead Road, Santa Clara.
- Reservation requests made by phone, email, or fax must be confirmed by submitting a completed Agreement and paying all fees within 5 business days of the phone reservation. Failure to confirm within 5 business days automatically forfeits the reservation. No exceptions. Room use is limited to 6 times per year per group.
- Agreements are accepted no more than 3 months and no less than 5 business days in advance of the event.
- Events must be open to all members of the public (subject to occupancy limits) and no fees may be charged to attendees.
- Setup/cleanup must be completed within the reserved period. No access is allowed prior to or after the reserved period.
- Private uses of these facilities are excluded, including birthday parties, play groups, and receptions.
- Room must be vacated no later than 15 minutes prior to the Library's closing and left in the condition in which it was found. Trash must be placed in refuse containers provided in the room.

ADVERTISING YOUR MEETING: All flyers, announcements, posters, and other forms of publicity for the meeting must include the following disclaimer, as provided by the City of Santa Clara: ***This is not a Library-sponsored event. The City of Santa Clara is neither responsible nor liable for information provided by users of the Library meeting rooms.***

A/V EQUIPMENT: A Technology Aide is required to operate and move all Library audio/visual equipment, including the Podium/Microphone. Applicant agrees not to move the Podium/Microphone, as severe damage may result to communications equipment wiring.

CONDUCT: Failure to follow Library policies and the rules, regulations, and ordinances of the City of Santa Clara will result in applicant's loss of privileges for future use of Library community rooms. This includes the applicant's failure to provide accurate information regarding the proposed use of a Library community room.

CANCELLATION: Fees will be refunded only upon notice of cancellation received by Library Administration no less than 2 business days prior to the event. Cancellations made less than 2 business days and no-shows will forfeit all fees. No exceptions.

It is understood and agreed that the applicant assumes all risks for loss, damage, liability, injury, cost or expense that may arise during, or be caused in any way by, such use or occupancy of the Library facilities. The applicant further agrees that in consideration of being able to use the room, he/she will save and hold the City of Santa Clara and the Library and/or their employees free and harmless from any loss, claims, and liability or damages and/or injuries to persons and property that in any way may be caused by applicant's use or occupancy of the facilities.

I, the undersigned applicant, hereby certify that I will be personally responsible for upholding the terms of this Agreement, the "Policy for Use of Library Community Rooms" (attached), and the "Policy for Public Rules of Conduct" (attached).

Signature of Applicant:

Library Administration Approval:

Date: _____

Date: _____