

Santa Cruz County Parks 979 17th Avenue Santa Cruz CA, 95062

Ph: (831) 454-7901 – Fax (831) 454-7940 <u>www.scparks.com</u>

Center Reservation Request					
Customer Account Information:					
Name					
Home Email	lome Email Work Email				
Day Phone ()	Cell Phone (
Home address			City		
Organization/Company	on/Company Non-Profit Agent Name* *Must provide personal co				
Authorized Agent Name*	*Must provide personal contact in customer information above				
City	ss State		Zip Code		
Please fill out the following reser		_			
Park					
DateExpected attendance (including children and hired helpers)					
Type of event					
Are you planning to have a ceremony at the Park?		If yes, w	If yes, what time?		
Aptos Park: Include First 1/3 of Lawn Fees					
Center Reservation times:					
	simum act up a E baur may	imum avant	and a 2 hour min, als	on un	
A 10-hour rental must include a 3-hour min A 6-hour rental must include a 1-hour minir					
Set-up time frame (1-3 hours)**: (example: 11:00 am – 2:00 pm) **You may indicate any additional set-up time requested beyond the 1-3-hour set-up time frame. Subject to the hourly rental rate.					
Event time frame (3-5 hours max): (example: 2:00 pm – 7:00 pm) Includes ceremony and reception. Sound and alcohol permits will match this 3-5 hour time frame.					
Clean-up time frame (1-2 hours): (example: 7:00 pm – 9:00				n – 9:00 pm)	
Alcohol permits can be obtained A \$200.00 alcohol permit fee and \$200.00 A \$100.00 alcohol permit fee and \$100.00 Are you requesting an alcohol permit? Yes	damage deposit are require damage deposit are require	ed for a 5-ho ed for a 3-ho	ur permit. ur permit.	impagne.	
Outdoor Ceremony: Date	Locatio	n			
4-hour time frame (all Set-up and Clean-up					
Total Fees to reserve: (**rental fees					
**Rental Fees: *Alcohol Permit Fee: Damage Deposit: Total:					
Payment is required for the date to Please call our office with your paymer Checks can be made payable to Santa	nt by credit card: Visa, Ma				
*If the person providing the payment is	different than the Custom	er, then ple	ase provide their inf	ormation:	
Name					
Address					
City State					

Day Phone (____) _____ Cell Phone (____) ____