



Santa Cruz County Parks

979 17th Avenue

Santa Cruz CA, 95062

Ph: (831) 454-7901 – Fax (831) 454-7940

www.scparks.com

Meeting Room Permit Application

Organization _____

Non-Profit # (If applicable) _____ Number Attending _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____

Email Address _____ Day Phone (____) _____

Date(s) Requested _____

Alternate Date(s) _____

Time Requested (include set up and clean up) _____

Which Facility? _____ Alternate Facility _____

Kitchen use needed? _____ (additional fees apply)

Disclaimer:

The undersigned states: The information I have provided to Parks is true and correct; If this Permit is issued to a group or entity, I am the authorized representative of the group or entity, and I am empowered to make this agreement on its behalf; I have received a copy of the Terms and Conditions and Assumption, Waiver, and Indemnity documents, and have read and understand them. Both individually and on behalf of the group or entity, I agree to them, and will comply with them as well as all laws and ordinances of the County of Santa Cruz, the State of California, and the United States.

Permittee Signature

Date

Payment

Rental amount: _____

Type of payment: Check Payable to Santa Cruz County Parks Cash

I authorize use of my MasterCard Visa

Print name as it appears on card: _____

Card Number: _____ - _____ - _____ - _____ Expiration Date _____

Signature _____ Date _____

Department Use Only

County Parks Approval: _____

Contract #: _____ Confirmed Date: _____