



**Santa Cruz County Parks**

979 17<sup>th</sup> Avenue

Santa Cruz CA, 95062

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

[www.scparks.com](http://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: \_\_\_\_\_