



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 Reservation Request

Organization / Company Information\*:

Organization/Company Name \_\_\_\_\_
County Department (if applicable) \_\_\_\_\_ Division \_\_\_\_\_
Non-Profit Tax ID# (If applicable) \_\_\_\_\_ Number in Attendance \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
County Dept: GL Index: \_\_\_\_\_ GL Sub Object \_\_\_\_\_ JL Key \_\_\_\_\_ JL Object \_\_\_\_\_

Customer or Authorized Agent Account Information:

\*An authorized agent for the organization/company must provide personal contact information below

Name \_\_\_\_\_
Work Email \_\_\_\_\_ Home Email \_\_\_\_\_
Day Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_
Home address \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Meeting Room Reservation Request:

Date(s) Requested \_\_\_\_\_
Alternate Date(s) \_\_\_\_\_
Time Requested (include all set up and clean up) \_\_\_\_\_
Which Facility? \_\_\_\_\_ Alternate Facility \_\_\_\_\_
Kitchen use needed? Yes [ ] No [ ] (Additional fees apply; required if serving food in excess of coffee and pastries)
Please note: Use of the exterior grounds, patio, or lawn are not available with a Meeting Room rental.

Total Fees to reserve:

Rental Fees: \_\_\_\_\_ Staffing Fee (if applicable): \_\_\_\_\_ Total: \_\_\_\_\_

Payment is required for the date to be reserved and the reservation permit to be processed\*\*.

Please call our office with your payment by credit card: Visa, Mastercard, American Express, or Discover.
Checks can be made payable to Santa Cruz County Parks.

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.

Original Customer Signature

Date