



Santa Cruz County Parks Department
979 17th Avenue
Santa Cruz CA, 95062
Ph: (831) 454-7900 – 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 _____

Disclaimer:

I declare under penalty of perjury that I am the authorized representative of the organization (activity) listed in this application and that the information I have supplied here in is true and correct. I have received a copy of the Santa Cruz County Parks Department meeting room rental conditions of use, including the agreement to hold harmless statement. I have carefully read, considered, and agreed to all such rules and regulations. I agree to comply with all Federal, State of California and County of Santa Cruz laws, ordinances and codes.

Permittee Signature

Date

Payment

Rental amount: _____ Damage deposit: _____ Total: _____

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

Parks Department Approval: _____
Contract #: _____ Confirmed Date: _____