



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 Use Reservation Permit 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 or 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.

**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

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

Please call our office with the payment by credit card:

Visa, Mastercard, American Express, or Discover.