



Official Use Only

Date Received

Initials

Parks & Recreation Department

323 Church Street

Santa Cruz, CA 95060

Ph: 831-420-5270 Fax 831-420-5271

www.santacruzparksandrec.com

**USE APPLICATION FOR CITY PARKS AND BEACHES
PRIVATE RESERVATIONS**

Company/Organization (if applicable): _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Event Title: _____

Event Coordinator: Name _____ Cell: _____

Type of Event: _____ Number of people expected: _____

Location: _____ Facility: _____

Date(s): _____

Setup Time: _____ Breakdown Time: _____

Event Hours: Start _____ End _____

Event Description: _____

Please indicate the following:

Will fees be charged?	YES	NO	Will any equipment be brought on site? (ex. catering truck, gazebo, stage, generator) Describe: _____	YES	NO
Will you serving/ selling alcohol?	YES	NO	Will you need access to electricity?	YES	NO

By signing below, I declare under penalty of perjury that I am the authorized representative of the organization (activity) listed on this application and that the information I supplied here is true and

Applicant's Signature

Date