



Santa Cruz County Parks
 979 17th Avenue, Santa Cruz, CA 95062
 831.454.7960
 Swimcenter@santacruzcountyca.gov
 scparks.com

Private Pool Party Rental Request Form

Customer or Authorized Agent Name _____
 Birthdate _____ Gender _____
 Phone _____ Email _____
 Home Address _____
 City _____ State _____ Zip Code _____

Event Name/Occasion: _____
 (e.g., Birthday Party, Anniversary, Corporate Event, etc.)

Estimated Number of Guests _____

Age Group (s) of Attendees:

Infants/Toddlers (0-3)	Children (4-12)
Teens (13-17)	Adults (18+)

Entire Aquatic Complex Requested? **Yes** **No**

Warm Water Pool Requested? **Yes** **No**

Do you want to ADD ON:

Wibit **Yes** **No**

Inner Tubes **Yes** **No**

Number of Lap Lanes Requested? _____

Please list your top four preferred dates

First Choice: _____ Second Choice _____

Third Choice: _____ Fourth Choice _____

Preferred Rental Time? 4:30-6:30pm 4:30-7:30pm

By submitting this request form, you confirm to have read and understood all policies detailed in the Conditions of Use and agree to the cancellation policy and understand that all fees must be paid in full to secure reservation.

Sign Here _____

Date _____