



Santa Cruz County Parks
 979 17th Avenue, Santa Cruz, CA 95062
 831.454.7938
 reservations@scparks.com
 scparks.com

Special Event Request Form

Customer or Authorized Agent Name _____

Birthdate _____ Gender _____
 Phone _____ Email _____
 Home Address _____
 City _____ State _____ Zip Code _____

Organization/ Company Name _____

Nonprofit Tax ID# _____
 Address _____
 City _____ State _____ Zip Code _____

Type of Event _____

Date(s) Requested _____

Time Requested _____

Including all set up and clean up time.

Number of People _____ *This includes your guests, staff, volunteers, and vendors.*

Park _____ **Area Requested** _____

Please select all that apply for your proposed event.

- | | | |
|---|---|--|
| <input type="checkbox"/> Ticket sales | <input type="checkbox"/> Jump house or other | <input type="checkbox"/> Pop up shade structure(s) |
| <input type="checkbox"/> Alcohol sales | <input type="checkbox"/> inflatables | <input type="checkbox"/> Tables and chairs needed |
| <input type="checkbox"/> Vendors or sales | <input type="checkbox"/> Band, DJ, or entertainment | <input type="checkbox"/> Electricity needed |
| <input type="checkbox"/> Food/ cooking booths/ trucks | <input type="checkbox"/> Stage(s) | |

Please provide a detailed event description for this request.

 I have read and understand all policies detailed in the Conditions of Use. I agree to the cancellation policy.

Requestee Signature _____ **Date** _____