



Santa Cruz County Parks
 979 17th Avenue, Santa Cruz, CA 95062
 831.454.7908
 Kelli.rogers@santacruzcountyca.gov
 scparks.com

End of Year Pool Party Request Form

Authorized Agent Name (Permittee must be present day of) _____

Birthdate _____ Gender _____

Phone _____ Email _____

Home Address _____

City _____ State _____ Zip Code _____

School Name _____ **Grade of Group** _____

Nonprofit Tax ID# _____

School Address _____

City _____ State _____ Zip Code _____

Number of Students _____ **Number of Chaperones** _____

Warm Water Pool Requested? **Yes** **No** **Number of Lanes Requested** _____

Please select your first, second and third choice dates below.

AM slot will be 9:30-11:30 and the PM slot will be 12:30-2:30

First Choice			Second Choice			Third Choice		
Mon May 19 th	AM	PM	Mon May 19 th	AM	PM	Mon May 19 th	AM	PM
Tues May 20 th	AM	PM	Tues May 20 th	AM	PM	Tues May 20 th	AM	PM
Tues May 27 th	AM	PM	Tues May 27 th	AM	PM	Tues May 27 th	AM	PM
Wed May 21 st	AM	PM	Wed May 21 st	AM	PM	Wed May 21 st	AM	PM
Wed May 28 th	AM	PM	Wed May 28 th	AM	PM	Wed May 28 th	AM	PM
Thurs May 22 nd	AM	PM	Thurs May 22 nd	AM	PM	Thurs May 22 nd	AM	PM
Thurs May 29 th	AM	PM	Thurs May 29 th	AM	PM	Thurs May 29 th	AM	PM
Fri May 23 rd	AM	PM	Fri May 23 rd	AM	PM	Fri May 23 rd	AM	PM
Fri May 30 th	AM	PM	Fri May 30 th	AM	PM	Fri May 30 th	AM	PM

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 _____

Please submit this form by email or at our office at the address above.

Please see our Conditions of Use and Rental Rates documents attached for more information.