



Santa Cruz County Parks
 979 17th Avenue, Santa Cruz, CA 95062
 831.454.7964
 Taylor.delacy@santacruzcountyca.gov
 scparks.com

Summer Group Entry Request Form

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

Birthdate _____ Gender _____

Phone _____ Email _____

Home Address _____

City _____ State _____ Zip Code _____

Organization Name _____

Nonprofit Tax ID# _____

Organization Address _____

City _____ State _____ Zip Code _____

Dates Requested: _____

A flat rate fee of \$150 for up to 30 attendees will be sent via DocuSign and must be paid in full prior to the first requested date. This includes all children and chaperones attending.

A flat rate fee of \$300 for up to 60 attendees will be sent via DocuSign and must be paid in full prior to the first requested date. This includes all children and chaperones attending.

Number of Attendees:

Adults _____ Children (Ages 4-17) _____

Please indicate method of payment.

Credit Card

Check

Cash

PO/INVOICE

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.

Signature _____ Date Request was Made: _____