



Parks and Recreation Parking Permit Application

Date: _____

Name: _____ Phone: _____

Email: _____

Mailing address:

Street: _____

City: _____ State: _____ Zip: _____

Vehicle Make: _____ Model: _____ License: _____

Additional Vehicles:

Make: _____ Model: _____ License: _____

I would like to purchase the following:

DeLaveaga Disc Golf Course Annual Parking Permit

Payment Type: Visa/MC _____ * Check _____ Cash _____

*Staff will contact you for credit card information.

Please submit application to:

Email: parksandrec@cityofsantacruz.com

Fax: 831-420-5271

Mail: 323 Church St, Santa Cruz CA 95060

Your permit will be mailed to you. We are not responsible for lost mail.