



(831) 420-5150
337 Locust Street
Santa Cruz, CA 95060
www.cityofsantacruz.com

DEL MAR THEATRE APPLICATION

EVENT TITLE: _____

1. Applicant Name: _____ Phone (C): _____
Email: _____ Phone (W): _____
- Alternate Person: _____ Phone (C): _____
Email: _____ Phone (W): _____
- Representative at Event: _____ Phone (C): _____
Email: _____ Phone (W): _____
- Sponsoring Organization: _____ Non-profit Tax ID #: _____
Email: _____ Phone: _____

2. Event Purpose: _____

3. Event Date: _____ Event Time: _____
Set up Time: _____ Clean-up Time: _____
- Theatre Requested: Grand Auditorium (downstairs) 288 seats
 Small Auditorium (upstairs) 138 seats

4. Has this event been held in the past? Yes No
If yes, where and total attendance: _____

5. Will you be charging a fee? Yes No
If yes, how much? _____

6. Will you be serving alcohol? Yes No

7. Will you be selling alcohol? Yes No

8. Will you be using a caterer to serve alcohol? Yes No

9. Other specific needs (i.e. box office, concessions, lighting, sounds): _____

Submit completed applications to:

City of Santa Cruz – Economic Development Department
Attention: Del Mar Community Use
337 Locust Street
Santa Cruz, CA 95060
Economicdevelopment@santacruzca.gov

In addition to the Application, the Applicant must submit the following to the City at least 30 days prior to the requested event date (see Del Mar Community Use Policies and Procedures for more information).

- Payment of the Use Fee and Security Deposit
- Certificate of Insurance
- [Indemnification and Hold Harmless Agreement](#)
- If charging admission, a copy of the approved Admissions Tax Registration

An approved Application is required for all groups and must be in the possession of the Applicant or Representative at the Event.

I HEREBY CERTIFY THE FOREGOING STATEMENTS TO BE TRUE AND CORRECT AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF SANTA CRUZ, ITS CITY COUNCIL, OFFICERS, AGENTS, AND EMPLOYEES FROM AND AGAINST ANY AND ALL LOSS, DAMAGES, LIABILITY, CLAIMS, SUITS, COSTS AND EXPENSES, WHATSOEVER, INCLUDING ATTORNEY’S FEES, REGARDLESS OF THE MERIT OR OUTCOME OF ANY SUCH CLAIM OR SUIT ARISING FROM OR IN ANY MANNER CONNECTED TO THE REQUESTED ACTIVITY. I HAVE RECEIVED AND READ THE DEL MAR COMMUNITY USE POLICIES AND PROCEDURES. I ALSO AGREE, IF APPROVED, TO COMPLY WITH ALL COMMUNITY USE POLICIES AND PROCEDURES, AND UNDERSTAND THAT FAILURE TO COMPLY WITH ANY CONDITION OR ANY VIOLATION OF LAW MAY RESULT IN THE IMMEDIATE CANCELLATION OF THE EVENT, DENIAL OF FUTURE EVENTS AND/OR CRIMINAL PROSECUTION.

NAME: _____

SIGNATURE: _____

DATE: _____

For City Use Only

APPROVED

SIGNATURE: _____

DATE: _____

Submit Application