



TOWN OF OCEAN VIEW
 201 CENTRAL AVENUE—2ND FLOOR
 OCEAN VIEW, DE 19970
 PHONE: 302-539-9797 FAX: 302-537-5306
 recptov1@oceanviewde.com

REQUEST TO RESERVE JOHN WEST PARK

GROUP NAME: _____

Reservation Date Requested: ____/____/____ Time: From: _____ To: _____

We will need the following:

Pavilion _____ Gazebo _____ Picnic Tables _____ Grills _____ Electric _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE #: _____ CELL #: _____

Date of Request: ____/____/____ EMAIL: _____

Thank you for your interest in the JOHN WEST PARK. We are very fortunate to have such a lovely area for all to enjoy in Ocean View. In order to maintain our lovely park, we have had to create certain guidelines and rules that must be followed to assure a fun and safe time for all.

- ◆ There are to be NO nails, tacks, staples or other forms of attachments made to any of the Town's structures;
- ◆ Please remove all litter, bring spare large plastic trash bags for the cans;
- ◆ Pets are allowed in designated areas only;
- ◆ Metal detectors are NOT permitted;
- ◆ Please NO littering or loitering;
- ◆ NO alcoholic beverages;
- ◆ NO open fires except for grills;
- ◆ Remember children will also be using the park so please refrain from bad language and or behavior;
- ◆ NO blow-up equipment such as moon bounces;
- ◆ Please park in designated areas only.

THE TOWN OF OCEAN VIEW ACCEPTS NO LIABILITY FOR USE OF THE EQUIPMENT

I have read and agree to the rules and regulations for the use of the JOHN WEST PARK:

Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

Reservation Received By: _____ Date: ____/____/____

Request Approved By: _____ Date: ____/____/____