



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

REASON FOR REQUEST: _____

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

We will need the following:

Pavilion w/Picnic Tables _____ Grills _____ Gazebo _____

NAME OF GROUP: _____

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 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;
- ◆ Overflow parking lot north of Town Hall may be used if needed;
- ◆ Please, NO Smoking!

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: ____/____/____

TOWN USE ONLY

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

\$50 Deposit - Paid \$ _____ cash / check / credit card Received by _____

0 / 50 / 75 / 125 Fee - Paid \$ _____ cash / check / credit card Received by _____