



LEWES RECREATION PERMIT FORM

Business Name: _____

Contact Person : _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____ Email: _____

Requested Location:

Stango Park Canalfront Park George HP Smith Park

Beach: Savannah Beach____ Johnnie Walker Beach____ Roosevelt Inlet _____

Other _____ **Description of Recreation - Please be specific. Include additional pages if necessary.** Type of Recreation: _____

- Days : _____
- Times: _____
- Start Date: _____ End Date: _____
- Fees Charged: _____
- Anticipated attendance per session: _____
- Are all instructors covered under business insurance policy? _____
- Equipment to be used (exercise & audio): _____
- City of Lewes Business License number: _____

By submitting the Recreation Permit Request Form **you are agreeing to the terms and rules set forth in the City of Lewes Recreation Policy.** You also agree to indemnify and hold harmless the City of Lewes, Lewes Parks & Recreation Commission, and its employees and volunteers from any liabilities of any nature whatsoever, and all losses arising from or related to, directly or indirectly, any recreation event, any negligent act or omission or misconduct of the business, organization, its employees, members or agents.

Applicant Signature: _____

Submit form via; Fax (302) 645-6406

Mail or drop off: City of Lewes, 114 East Third Street, PO Box 227, Lewes DE, 19958

PAYMENT INFORMATION: *(Credit Card Payments can be faxed to: (302) 645-6406)*

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> DISCOVER
Receipt # _____		Credit Card #:	_____		
Check # _____		Expiration Date:	_____	Verification Code:	_____
		Name on card:	_____		
		Billing Zip Code:	_____		
		Signature:	_____		Date: _____