



JOHN WEST PARK RENTAL APPLICATION

TOWN OF OCEAN VIEW, DELAWARE

Administrative Offices

201 Central Avenue—2nd Floor

Ocean View, DE 19970

P: 302-539-9797 x110

Email: reservations@oceanviewde.gov

NAME OF GROUP: _____ TYPE OF FUNCTION: _____

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

We request use of the following:

Pavilion w/Picnic Tables ☐ Grills ☐ Walking Path ☐ Other (explain) _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE #: _____ CELL #: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ CELL # _____

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

- ☐ Do not attach nails, tacks, staples, etc. to any of the Town's structures.
- ☐ Remove all trash after event that does not fit easily in our receptacles.
- ☐ Pets are only allowed on the designated walking path.
- ☐ Metal detectors are not permitted.
- ☐ NO alcoholic beverages.
- ☐ NO open fires except for when using our grills.
- ☐ Foul language or inappropriate behavior of guests may result in ending your rental upon complaint.
- ☐ NO blow-up equipment such as moon bounces or other ride equipment are permitted without advanced approval and insurance.
- ☐ Park only in designated spots.
- ☐ NO Smoking!

THE TOWN IS HELD HARMLESS FOR YOUR USE OF THE FACILITY AND ITS AMENITIES

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

Signature: _____ Date: ____/____/____

TOWN USE ONLY

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

Reservation Fee: waived / \$50 / \$100 Payment Type: check / money order / cash Date Received: ____/____/____ Received by _____

Deposit \$50: Payment Type: check / money order / cash Date Received: ____/____/____ Received by _____

Deposit Return Date: ____/____/____