



# WEDDING CEREMONY REQUEST FORM

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Attendees: \_\_\_\_\_

Requested Location *(please check only one (1) location):*

- Beach 1             Beach 2             Beach Other: \_\_\_\_\_
- Stango Park         1812 Park         Mary Vessel Park     Zwaanendael Park
- George H.P. Smith Park     Canalfront Park                       Roosevelt Inlet

Decoration and/or Props to be used *(see below):* \_\_\_\_\_

Please Note:

- ♥ Any decorations, props, flowers and/or chairs must be **hand-carried** and removed directly following the ceremony;
- ♥ Permission is for use only; it will be necessary for you to reserve the *exact location*;
- ♥ No amplification of music or alcoholic beverages are allowed;
- ♥ Any and all City park/beach rules will apply including parking meters;
- ♥ The applicant agrees to assume all liability for any damages to City property;
- ♥ There is a **\$100.00 non-refundable fee** made payable to the *City of Lewes*, Attn: Elaine Pease, PO Box 227, Lewes DE 19958.

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

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

**Should you have any questions, please contact Elaine Pease, (302) 645-7777 x100, Fax: (302) 645-6406 or [epease@ci.lewes.de.us](mailto:epease@ci.lewes.de.us)**

Cc: Police Department  
Street Maintenance Department