The City of Lewes

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: Beach 1 ☐ Beach 2 ☐ 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)*

❑ **Cash** ❑ **Check**

Receipt #_____
Check #

Credit Card: ☐ VISA ☐ MC ☐ DISCOVER
Credit Card #:
Expiration Date: Verification Code:
Name on card:
Billing Zip Code:
Signature: Date: