



REQUEST FORM FOR THE LEWES COMMUNITY MEETING ROOM

MARGARET H. ROLLINS COMMUNITY CENTER

PLEASE SEND REQUESTS TO PARKSANDRECREATION@CI.LEWES.DE.US OR FAX TO 302-645-6406

ORGANIZATION _____

WHAT TYPE OF NONPROFIT IS THE ORGANIZATION? Please check one. 501c _____ HOA _____
OTHER _____

CONTACT PERSON _____ EMAIL _____

PHONE NUMBER _____ CELL _____

DESCRIBE THE PURPOSE OF USING THE FACILITY?

BUSINESS MEETING _____

COMMUNITY MEETING _____

TRAINING _____

OTHER _____

TOTAL NUMBER OF ATTENDEES _____ DATE(S) OF USE _____

SET UP TIME _____ MEETING START TIME _____ MEETING END TIME _____

AUDIO/VISUAL

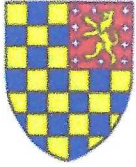
CURRENTLY THERE ARE 4 TV MONITORS IN THE ROOM THAT ARE CONNECTED TO A COMPUTER FOR PRESENTATION USE. MICROPHONES AND SPEAKER SYSTEM ARE ALSO INSTALLED.

WILL YOU NEED THE AUDIO/VISUAL EQUIPMENT FOR YOUR MEETING? YES _____ NO _____

CATERING

WILL THE MEETING HAVE FOOD? YES _____ NO _____

WHO IS PROVIDING FOOD & BEVERAGES? _____



INSURANCE REQUIREMENT: THE REQUESTING ORGANIZATION MUST PROVIDE THE CITY WITH PROOF OF LIABILITY INSURANCE COVERING THE CITY OF LEWES AS AN ADDITIONAL INSURED IN AN AMOUNT OF \$1,000,000 FOR THE SPECIFIC REQUESTED ROOM DATE(S).

SECURITY DEPOSIT REQUIREMENT: THE REQUESTING ORGANIZATION MUST SUBMIT A \$500.00 SECURITY DEPOSIT TO THE CITY OF LEWES EITHER BY CHECK OR CASH. THE SECURITY DEPOSIT WILL BE RETURNED AFTER THE EVENT AS LONG AS THE FACILITY HAS BEEN LEFT IN A CLEAN AND ORDERLY MANNER AND ALL POLICY REQUIREMENTS HAVE BEEN MET.

NON-PROFIT STATUS REQUIREMENT: REQUESTING ORGANIZATION MUST SUBMIT PROOF OF 501C STATUS OR HOA STATUS BASED WITHIN THE CITY LIMITS OF LEWES.

MEETINGS AND EVENTS OUTSIDE REGULAR BUSINESS HOURS ARE SUBJECT TO APPROVAL & CONDITIONS SET FORTH BY THE LEWES CITY MANAGER.

MEETING ROOM OCCUPANCY LIMIT 100 PEOPLE

ROOM CANCELLATIONS MUST BE GIVEN AT LEAST 24 HOURS PRIOR TO MEETING AND MUST BE EMAILED TO PARKSANDRECREATION@CI.LEWES.DE.US.

BY SIGNING THIS REQUEST YOU AND YOUR ORGANIZATION UNDERSTAND AND AGREE TO THE POLICY AND TERMS OF USE FOR THE MARGARET H. ROLLINS COMMUNITY CENTER CITY MEETING ROOM AND PATIO.

PRINTED NAME _____

SIGNATURE _____ DATE _____