

Park Commission-Town of Rehoboth

REQUEST FOR USE OF FACILITIES

Please type or print clearly-File with the Park Commission

Facility Requested

Name of Organization

Name of Representative Filing

Address

Home Telephone

Cell Phone

Name of Person in Charge of Event

Address

Home Telephone

Cell Phone

Date Requested:

Rain Date:

Start time:

End Time:

Type of Activity:

Approx. # of people

Price of Admission:

This form must be completed, with a copy of insurance certificate, plot plan, restroom facilities and dumpsters before it is submitted.

Dumpsters and Bathroom Facilities are the responsibility of the organization.

I have read the rules and regulations governing the use of Park Commission Facilities and agree to abide by them as well as additional conditions that may be requested by the Commission.

Signature:

Date:

Approved by Commission

Date: