



# WEDDING CEREMONY REQUEST FORM

Name (enter both names) \_\_\_\_\_

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       Other: \_\_\_\_\_
- Stango Park       1812 Park       Mary Vessel Park       Zwaanendael Park
- George H.P. Smith Park       Canalfront Park: Arbor \_\_\_ Pavilion \_\_\_       Roosevelt Inlet

Decorations, rental equipment and/or props to be used (*see below*): \_\_\_\_\_

**\*\*Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Note:

- ♥ Any decorations, rental equipment, props, flowers and/or chairs must be **hand-carried into and out of all parks and on all beaches**, and be removed directly following the ceremony. Only weighted tents may be used in City parks.
- ♥ Permission is for use only; it will be necessary for you to reserve the *exact location*.
- ♥ **Amplification of sound must be pre-approved by Lewes Mayor & City Council. Please see the Outdoor Amplification Request Form.**
- ♥ Use of alcoholic beverages and tobacco products are prohibited in Lewes parks and on Lewes beaches.
- ♥ 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 \$200.00 non-refundable fee to reserve the location, except for Canalfront Park which is \$400.** Make check payable to the *City of Lewes*, P.O. 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>  Check # _____	<b>Credit Card:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER  Credit Card #: _____ Expiration Date: _____      Verification Code: _____ Name as appears on card: _____ Billing Address: _____ Signature: _____      Date: _____
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**Should you have any questions, please contact Alison Kirk, (302) 645-7777 x100,  
Fax: (302) 645-6406 or [akirk@ci.lewes.de.us](mailto:akirk@ci.lewes.de.us)**

Cc:      Police Department  
         Street Maintenance Department