BATTERY PARK
EVENT REQUEST FORM

Date of Request: __________________________

PLEASE PRINT

Contact Information
Name of Organization: __________________________

Contact Name: __________________________

Address: __________________________

Phone: __________________________ Fax: __________________________

Cell Phone: __________________________ E-mail: __________________________

Non-Profit organization? YES NO Tax ID Number: __________________________
(Please provide a copy of your IRS Letter designating your organization as a 501(c)(3) non-profit)

Event Coordinator Contact Information: __________________________

Event Coordinator Cell Phone: __________________________

Event Information
Date of Event: __________________________ Event time: __________________________

Event Sponsors: __________________________

Description of Event: __________________________

Anticipated attendance: __________________________ # of Event Supervisors: __________________________

Will there be a charge? YES NO If YES, how much? __________________________

Is this a gated event? YES NO If YES, describe: __________________________

Will you use tents? YES NO If YES, name of vendor: __________________________

Will you utilize electricity? YES NO If YES, please see guidelines and fees for usage.

Will you use staging? YES NO If YES, please see guidelines and fees for usage.

Will you supply additional trash receptacles? YES NO

Will portable toilets be used? YES NO If YES, name of vendor: __________________________
Additional equipment being used (e.g., Children’s rides, vehicles, tables/chairs, etc.)

Will any of the following be sold at the event?

Food YES NO If yes, vendors must obtain a State of Delaware Health permit.

Alcohol YES NO If yes, by law, you will need proof of your organization’s non-profit status and must provide a copy of your gathering license from the Alcohol Beverage Control Commission. You will also need a permit from the City.

Other YES NO If yes, please specify: ____________________________________________

See guidelines. Some items are prohibited from sale.

Do you have event liability insurance?

YES If YES, please attach a copy of the policy. Please see the insurance requirements on the event guidelines for organizations that must be listed as additional insured.

NO If NO, you MUST obtain this insurance PRIOR TO submitting this form. Events are NOT permitted without proof of insurance.

Sponsor/Organization Incorporated YES NO If YES, Date of Incorporation: ____________

Corporate Officer Information:
Name: _______________________________ Name: _______________________________
Title: _______________________________ Title: _______________________________
Address: ___________________________ Address: _____________________________
City/State: __________________________ City/State: ____________________________
Zip: _______________________________ Zip: _______________________________
Phone: ______________________________ Phone: ______________________________

I understand that Battery Park is a Carry-In/Carry Out Park, and agree that it is my responsibility to collect any trash produced by this event, and arrange for proper disposal. **Failure to do so will result in Park maintenance/trash pick up fees being deducted from deposit. I have read and accept Battery Park Guidelines and Rules.** I understand and agree that it is my responsibility to ensure all participants comply with all permit directions and conditions and with all applicable laws and ordinances. Both the organization listed above and I accept all risk and liability for, and **agree to hold The Trustees of the New Castle Common and City of New Castle harmless** from any and all claims, suits or actions, arising out of any claims for property damage or personal injury sustained as a result of the permitted event.

Signature of Applicant: __________________________________________ Date: ____________

Print: ____________________________________________________________
PLEASE COMPLETE FORM IN ITS ENTIRETY NOTING NOT APPLICABLE (N/A) AND PROVIDE ATTACHMENTS AS APPLICABLE.

INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED TO SENDER.

RETURN FORM TO THE BATTERY PARK COMMITTEE:

BY EMAIL: trusteesnnc@comcast.net

BY FAX: 302-322-0301

BY MAIL: PO BOX 453 NEW CASTLE, DELAWARE  19720

IN PERSON: 201 DELAWARE STREET, NEW CASTLE, DELAWARE 19720

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APPROVED: _______________________________    DATE: ________________

BATTERY PARK COMMITTEE

APPLICANT NOTIFIED BY: _____________________ DATE: ________________