

JUDGE MORRIS ESTATE EVENT/WEDDING RESERVATION

Return both pages

EVENT/WEDDING CLIENT 1 NAME _____ CELL PHONE _____

WEDDING CLIENT 2 NAME _____ CELL PHONE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CLIENT 1 EMAIL _____ CLIENT 2 EMAIL _____

EVENT DATE _____ GUEST COUNT _____

CEREMONY LOCATION _____ TIME _____

RECEPTION LOCATION _____ BEGIN _____ END _____

CATERER _____

Facility Reserved:

_____ 5 hour Formal Event (house, perennial garden, outdoor patio, and bridal suite)	<u>TENT</u>
_____ 3 hour Grounds & Garden (ceremony only)	_____ YES
	_____ NO
_____ 4 hour Celebration Event (first floor only)	

REHEARSAL

_____ YES - DATE _____ TIME _____

_____ NO

**Mailing Address:
White Clay Creek State Park
750 Thompson Station Road
Newark, DE 19711
Phone: 302-368-6900
Fax: 302-368-6901**

DELAWARE STATE PARKS

SPECIAL EVENT POLICY

I, the undersigned, agree to the following conditions: *please initial on each line*

CANCELLATION POLICY

- _____ I understand that my deposit of 50% is non-refundable.
- _____ I understand that no refund of balance is available to me if I cancel my reservation for the facility less than 30 days prior to my event. The confirmation email serves as an executed contract.
- _____ I understand that for the safety of the Client and guests, the Park reserves the right to cancel or postpone any event due to wind, fire, lightning, flooding, or any other weather related event(s), electric or other utility problems, or behavior not allowed by Delaware State Parks at any time before or during the event with no prior notice. "If there is an interruption to an event due to emergency, weather...event will be allowed to proceed past schedule end time by the amount of time of interruption." If Delaware State Parks cancels an event due to any of the above reasons, no refund or reschedule of the event is guaranteed.

DAMAGE ASSESSMENT AND LIABILITY

- _____ I understand, as renters of this facility, I am subject to all the laws, rules and regulations of the State of Delaware and the Department of Natural Resources and Environmental Control, Division of Parks and Recreation, and that I am responsible for the buildings, grounds, and equipment assigned to our group during the rental period.
- _____ I understand, I expressly agree to hold the State of Delaware, and any of its employees harmless from any and all claims arising out of any violation by the below mentioned individual/organization of any law, rule regulations or order, and from any and all claims for loss, damage or injury to persons or property of whatever kind or nature arising from the operation of this event by the below mentioned organization, or from the negligence or carelessness of employees of the below mentioned organization while in preparation, during or disassemble of the event.
- _____ I agree in the event there is damage to the equipment or facility, that full restitution for repair and/or replacement will be made to WCCSP. I am providing my credit card information as follows:

CC # _____ EXP _____ SECURITY CODE _____

NAME ON CREDIT CARD _____

- I understand that WCCSP will not charge my credit card without my knowledge.
- _____ I agreed that if the facility is left in unsatisfactory condition, the cleanup service rate of \$100.00 per hour will be charged to the client.
- _____ I have read, understand, and agree to abide by the Rules and Regulations set forth in this document.

Authorized Client Signature

Date