



CAPITAL SCHOOL DISTRICT
ATTENTION: RENTALS
198 COMMERCE WAY
DOVER, DE 19904
PHONE (302) 857-4209 FAX (302) 672-1714

EXTERNAL RENTAL FORM

_____ request(s) permission to use
Name of Organization _____

Classroom, Large Gym, Small Gym, Auditorium, Cafeteria, Etc.

Exact Location(s) Room # etc. _____

Food Served: Yes ☐ No ☐

Number of People Expected: _____

Circle One: William Henry Central Middle Dover High East South
North Booker T. Washington Fairview Hartly Towne Point

Day of Week: From: am/pm To: am/pm

Starting Date: Ending Date:

Purpose of Rental: _____

Are you planning on charging Admissions? (Circle one) yes or no

Will you be paying any State of Delaware Employees? (Circle one) yes or no

Special Conditions: _____

Type of Organization: (Circle one) Non Profit or Corporation

Contact Person: _____ Title: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: Daytime: () _____ Cellular: () _____

Signature: _____

Authorized Representative Supervising Event