

Town of Beekman Recreation & Parks

4 Main Street

Poughquag, NY 12570-9601

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RECREATION & PARKS

Official Use: Date Annual Fee Paid: _____ Check #: _____ Other: _____

ANNUAL ORGANIZATION REGISTRATION FORM FOR USE OF FACILITIES

Each organization using Beekman Recreation & Park Facilities must complete this annually. This information is used when booking facilities. Any person in your organization that might book a Town facility must be listed on the form.

Official Legal name of Organization _____ If applicable: Not for Profit Tax ID (if applicable) Copy of 501 (c) 3 must be attached

Address of Organization _____ State of Incorporation _____

Main Contact Person's Title _____ Address of Contact Person _____

Main Contact Person's Last Name _____ First Name _____ Date of Birth _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

I have read and agree to the Department of Recreation and Parks Policies & Procedures for Public Use of Facilities and will ensure that all users and representatives follow same:

Main Contact Person's Signature _____ Date _____

Insurance Carrier: _____
A copy of the group's liability insurance policy listing the Town of Beekman, and in the case of school facilities usage, listing the Arlington Central School District as an additional insured is required prior to granting approval to use facilities. The policy must be current and in effect for the length of the period of use. Each certificate of insurance shall be for a minimum of \$1,000,000 per occurrence/\$2,000,000 aggregate for bodily injury and property damage. Higher limits may be required for special events.

If any other representative of your organization will be booking facilities, please list:

2nd Person's Last Name _____ First Name _____ Date of Birth _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

I have read and agree to the Department of Recreation and Parks Policies & Procedures for Public Use of Facilities and will ensure that all users and representatives follow same:

2nd Person's Signature _____ Date _____

3rd Person's Last Name _____ First Name _____ Date of Birth _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

I have read and agree to the Department of Recreation and Parks Policies & Procedures for Public Use of Facilities and will ensure that all users and representatives follow same:

3rd Person's Signature _____ Date _____

Complete Applicable questions:

Age Range of Participants: _____ Male ____ Female ____ Co-ed ____
Number of Teams/classes: _____ Number of Players/team or students/class: _____
Total # Players/students: _____
% of Participants that are Beekman Residents: _____
Fee charged: _____