

Town of Beekman Recreation & Parks

4 Main Street

Poughquag, NY 12570-9601

845-227-5783 845-227-9685F

recdirector@townofbeekmanny.us www.beekmanrec.com



RECREATION & PARKS

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 _____

Insurance Carriers: _____
A copy of the group's insurance as indicated in the "Facility Rental Agreement" must be on file with the Rec Office

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 to participants: _____

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 _____

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 _____

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

Home Phone _____ Cell Phone _____ Work Phone _____

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

Main Contact Person's Signature _____ Date _____

2nd Person's Signature _____ Date _____

3rd Person's Signature _____ Date _____