

# Town of Beekman Recreation & Parks

4 Main Street

Poughquag, NY 12570-9601

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## 2012 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.

Organization Name \_\_\_\_\_ If applicable: Not for Profit Tax ID (if applicable) Copy of 501 (c) 3 must be attached

Address \_\_\_\_\_ Main Contact Person's Title \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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:

2<sup>nd</sup> Person's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2<sup>nd</sup> Person is authorized to book the facilities listed above

3<sup>rd</sup> Person's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3<sup>rd</sup> Person is authorized to book the facilities listed above

### 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: \_\_\_\_\_

I have read and agree to the Department of Recreation and Parks 2012 Policies & Procedures for Public Use of Facilities and will ensure that all users and representatives follow same:

Main Contact Person's Signature \_\_\_\_\_ Date \_\_\_\_\_