



# Town of Beekman Recreation & Parks

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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:

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

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

3<sup>rd</sup> 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 \_\_\_\_\_

2<sup>nd</sup> Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

3<sup>rd</sup> Person's Signature \_\_\_\_\_ Date \_\_\_\_\_