



TOWN OF CHENANGO

1529 NY Rte 12
Binghamton, NY 13901
Telephone (607) 648-4809
Fax (607) 648-8511

PARKS/FIELD REGISTRATION FORM OTSININGO NORTH

Name of Organization _____ Date _____

Type of Organization

- ___ Non-Profit Youth Group (___ with Town of Chenango Youth)
- ___ Non-Profit Adult Group (___ with Town of Chenango Residents)
- ___ Non-Profit Family/General Program ___ Commercial Program
- ___ Public or Private School/College ___ Other (Specify) _____

Type of Field Requested _____

Park or Field Requested

Practice Field 115 x 185 Ft.	Field 1 210 x 330 Ft.	Field 2 210 x 360 Ft.	Field 3 180 x 310 Ft.
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Registration Date(s) Start Date: _____ End Date: _____

Week Day(s): _____ Start Time: _____ End Time: _____

Week Ends: _____ Start Time: _____ End Time: _____

Approximate Number to Attend: _____

Name of Contact Person: _____ Telephone: _____

Address: _____

Name of Alternate Contact: _____ Telephone: _____

Address: _____

League or Parent Organization _____ Telephone: _____

I have read and understand the Field Use Regulation for the Town of Chenango Parks & Recreation and agree to inform all of my group participants of the those regulations.

Signature of Requesting Person: _____ Date: _____

Process:

1. Complete this form
2. Attach a photo-copy of your current proof of Liability Insurance
3. Send Form to: **Harold Guernsey**; Field Use Coordinator- Town of Chenango Parks & Recreation; 1529 NY Route 12; Binghamton NY 13901 or fax to 648-9192 or by e-mail to parks@townofchenango.com.
4. You will be contacted to discuss field availability and any related costs, responsibilities and schedule.
5. Questions on field availability should be directed to Harold Guernsey at (607) 648-4809 Ext. 9. The Town of Chenango Parks and Recreation Department reserves the right to over-ride any field use scheduling for any reason, including weather conditions, safety, abuse of privileges and responsibilities by users, maintenance and unforeseen schedule conflicts.

Verification: ___ Dates ___ Times ___ Field(s) ___ Activity ___ Insurance ___ Fee