

**TOWN OF EASTON  
PARKS AND RECREATION DEPARTMENT  
ORGANIZATION QUALIFICATION FORM**

Organization Name \_\_\_\_\_

Date Organized \_\_\_\_\_

Incorporated (Circle one)      Yes      No

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Home Phone Number \_\_\_\_\_

Contact Work Phone Number \_\_\_\_\_

Contact Cell Phone Number \_\_\_\_\_

Contact email address \_\_\_\_\_

Is your organization affiliated with a national organization? (Circle one) Yes No  
If so, list the national organization \_\_\_\_\_

List your board of directors including address and phone numbers (or on an attached sheet). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your process of screening your volunteers, coaches, officials and others involved in your program (attach additional sheets if necessary). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many current participants are active in your organization? \_\_\_\_\_

Is your organization intended to provide sports activities for youth or adults? \_\_\_\_\_

Does your organization exclude participants based upon race, color, religion, national origin or any other basis prohibited by law? (Circle one) Yes No

Please provide information regarding insurance that your organization maintains (alternatively attach a certificate of insurance or declaration page from your policy) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide or attach any other information regarding the objectives of your program. \_\_\_\_\_  
\_\_\_\_\_

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I hereby certify that the information provided is true and complete. I hereby acknowledge that any authorizations for field usage can be revoked at any time for any intentional misrepresentation of facts included in this Organization Qualification Form or for any other violation of the Town of Easton park use rules and regulations.

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(Signature )

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(Print Name )

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(Date )