



TOWN OF CARMEL RECREATION & PARKS DEPARTMENT
 SYCAMORE PARK, 790 LONG POND ROAD
 MAHOPAC, NEW YORK 10541

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SYCAMORE BARK PARK MEMBERSHIP FORM

Dog Owner:

Name: _____

Address: _____

City, State, Zip: _____

email address: _____

Telephone (Home): _____

Telephone (Cell): _____

Dog #1:

Dog's Name: _____	Spayed / Neutered: Y N
Breed: _____	Male / Female: M F
Town License # _____ (Must attach copy)	Dog's Weight: _____
	Dog's Date of Birth: _____

Dog #2:

Dog's Name: _____	Spayed / Neutered: Y N
Breed: _____	Male / Female: M F
Town License # _____ (Must attach copy)	Dog's Weight: _____
	Dog's Date of Birth: _____

Dog #3:

Dog's Name: _____	Spayed / Neutered: Y N
Breed: _____	Male / Female: M F
Town License # _____ (Must attach copy)	Dog's Weight: _____
	Dog's Date of Birth: _____

Please **ATTACH COPY OF REQUIRED** DOCUMENTATION as copies will not be made in the office

FEE PAID (check one): (Maximum of 3 dogs)	<input type="checkbox"/> \$25/family/year Resident w/Current Resident ID Card	ID TAG # _____
	<input type="checkbox"/> \$75/family/year Non-Resident	Initial rec't: _____ **

****Lost ID Tags must be purchased at a cost of \$5/each)****

I have received, read, agree to, and will abide by all of the dog park rules. I understand that failure to abide by these rules will result in loss of Bark Park Membership and forfeiture of fees:

Signature: _____ Date: _____

Print Name: _____