



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

JAMES R. GILCHRIST, CPRP, DIRECTOR

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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: _____

Breed: _____

NYS License # _____

(Must attach copy)

Spayed / Neutered: Y N

Male / Female: M F

Dog's Weight: _____

Dog's Date of Birth: _____

Dog #2:

Dog's Name: _____

Breed: _____

NYS License # _____

(Must attach copy)

Spayed / Neutered: Y N

Male / Female: M F

Dog's Weight: _____

Dog's Date of Birth: _____

Dog #3:

Dog's Name: _____

Breed: _____

NYS License # _____

(Must attach copy)

Spayed / Neutered: Y N

Male / Female: M F

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):

☐

\$30/family/year Resident w/Current Resident ID Card

ID TAG # _____

(Maximum of 3 dogs)

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\$80/family/year Non-Resident

Initial rec'd: _____ **

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

PLEASE NOTE: All dogs must be licensed through the Town of Carmel Clerk's Office!

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: _____