



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

TRIP REGISTRATION FORM:

NOTE: MUST HAVE A MEMBERSHIP APPLICATION ON FILE IN ADDITION TO THIS FORM.

Please complete all applicable areas below:

TRIP DETAILS:

Trip Name:	Companion (if applicable):
------------	----------------------------

PARTICIPANT INFORMATION:

Participant's First Name:	Participant's Last Name:
---------------------------	--------------------------

EMERGENCY CONTACT INFORMATION:

Other than your travel companion, who can we contact in case of an emergency?

First & Last Name:	Relationship:
--------------------	---------------

Home Phone:	Cell Phone:	Work Phone:
-------------	-------------	-------------

MEDICATIONS:

Please list your medications below. Attach a separate sheet if needed.

SPECIAL CONCERNS:

Do you have any special concerns (medically and/or trip related) that we should know while you attend this trip?

ALLERGIES:

Please list all allergies:

WAIVERS

INITIALS

I have read and accept the terms and conditions of the Refund Policy. **X**

As a participant for the above mentioned trip or activity, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that may be sustained because of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims.

Participant Signature: X **Date:**

PLEASE COMPLETE THE AREAS LABELLED WITH THE RED X BELOW



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com



TOWN OF FISHKILL
793 Route 52
Fishkill, NY 12524

VOUCHER
Tax Exempt #14-6002179

NAME:

X

ADDRESS:

X

MUNICIPAL USE - DO NOT WRITE IN BOX		
Purchase Order Number: _____		
Date Voucher Received: _____		
FUND APPROPRIATION	AMOUNT	
	TOTAL	
Vendor ID: _____		

Date	Invoice #	Description of Materials or Services	Quantity	Unit Price	Amount
				TOTAL	

VENDOR/CLAIMANT'S CERTIFICATION

I, **X** _____, certify that the above account in the amount of _____ is true and correct; that the items, **(Print Name)** services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes from which the municipality is exempt, are not included; and that the amount claimed is actually due.

_____ **X** _____
Date Signature

Passenger/Participant
Title

Mail, do not fax this document. Thermal paper is not acceptable, original signature required

(Space Below for Municipal Use)

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

DATE DEPARTMENT HEAD

DATE AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriation indicated above

DATE COMPTROLLER

Please Complete Reverse Side →→→→→→→→→→→