



**Town of Cheverly**  
6401 Forest Road Cheverly, MD  
301-773-2666

**FOR OFFICE USE ONLY**

Date Rec: \_\_\_\_\_

Rec. by: \_\_\_\_\_

## Town Organizations/Boards/Committees Registration Form

**DEFINITION:** Community oriented public service organizations qualify provided the general membership consists of at least 20 regular members with at least 50% of the regular members being Cheverly residents. Organizations must maintain by-laws and a list of officers and members. **A copy of your organization, board, or committee's by-laws as well as a list of members must be submitted or resubmitted annually to the Town Administrative Office to be kept on file.** All data on membership shall be provided to the Town annually and upon request whenever such data is pertinent to a proposed use of the Center.

**DISCLAIMER:** The Community Organization agrees to indemnify and hold the Town of Cheverly, including its officers, elected officials, agents, and employees, harmless from and against all loss, cost, expense, liability and/or injury (including reasonable attorney's fees) arising out of its use of the Community Center, including any all claims of injury or other harm by a third party against the Town, its officers, elected officials, agents and employees based upon the Community Organization's use of the Community Center.

Organization, Board  
or Committee Title: \_\_\_\_\_

Detailed Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization Website or Social Media: \_\_\_\_\_

501c3 Organization? ☐ Yes ☐ No

### ***Primary Contact Information***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

### ***Building Use***

Do you need access to the Community Center? ☐ Yes ☐ No      Liability Insurance? ☐ Yes ☐ No

- I understand that in order to engage in physical activity in the gymnasium, my organization need to submit an updated copy of liability insurance annually to the town.
- I hereby agree to dispose of trash in all utilized areas of the building. Excess trash will be disposed of behind the building.
- I acknowledge that children 12 and under must be supervised AT ALL TIMES, especially in the bathroom.
- I assume full responsibility for opening and closing the building when a staff member is not present.

☐ *I acknowledge that by checking this box and signing this form, my organization agrees to comply with all of the above statements.*

*Upon violation, my organization is subject to building use suspension or termination at the discretion of the Town Administrator.*

### Newsletter

Does your organization want access to the Cheverly Newsletter? ☐ Yes ☐ No

**Note: The Newsletter will ONLY communicate with and print content received from the two contacts listed below.**

#### Newsletter Main Point of Contact:

First and Last Name: \_\_\_\_\_

Position in the organization or job title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Newsletter Alternate Point of Contact:

First and Last Name: \_\_\_\_\_

Position in the organization or job title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ **I have reviewed the Newsletter Policy to make sure my organization qualifies for these privileges.**

Before checking off the below box, please read and understand the statements below.

- I understand that I must submit a list of a minimum of **20 members, 10 of which must be Cheverly residents.**
- I understand that the town will not use the content for soliciting purposes but only to validate that the addresses verify the criteria for becoming a town organization.

☐ **I understand the statements above and have submitted the list of members**

*I certify that my answers are true and complete to the best of my knowledge and I have read this document in its entirety.*

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature of Responsible Party

#### Office Use Only

☐ New Organization ☐ Renewal Form ☐ Building Use Permission ☐ Newsletter Permission

Notes:

\_\_\_\_\_  
Approved: Signature of Town Administrator

