

CHESTERFIELD COUNTY
RECREATIONAL COSPONSORED GROUPS AGREEMENT

APPLICATION (check one) NEW _____ RENEWAL _____

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

ORGANIZATIONS WEBSITE: _____

INTERNAL REVENUE IDENTIFICATION NUMBER (if applicable): _____

Name and Title of Representative: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Background Card Expiration Date: _____

Backup Representative Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Background Card Expiration Date: _____

LIST SPECIFIC PROGRAMS YOU WILL OFFER (e.g., Ballroom Dance, Square Dance, Theatre, etc.):

I have read the Administrative Procedure 201, which is the policy regarding recreational cosponsored groups and attest that our organization meets the outlined criteria, that we understand our responsibilities and that we agree to abide by the outlined procedures which include supplying a copy of the organizations guidelines or by-laws and a list of their Board of Directors including addresses, phone numbers and email addresses. By signing the agreement I attest that all organizational officers have been approved through the County background check system and the organization complies with §22.1-271.5 of the Code of Virginia concerning concussions. (if applicable)

SIGNATURE

DATE

OFFICE USE ONLY

Bylaws/Guidelines _____

Board of Directors List _____

Approved _____

Denied _____

DIRECTOR OF PARKS AND RECREATION DATE

Agreement will be active during the time period of
_____ to _____
