



**Hudson Crossing Park, Inc.**  
**P.O. Box #144 SCHUYLERVILLE, N.Y. 12871 (518) 859-1462**  
**[www.hudsoncrossingpark.org](http://www.hudsoncrossingpark.org)**

Thank you for your interest in organizing a program for the "*Sunday Afternoon in the Park*" series being hosted by Hudson Crossing Park. Our goal is to provide a variety of quality programs to further our Mission and encourage community members to enjoy the Park.

The following information should help you build a successful program. Please do not hesitate to call if you have questions. We look forward to working with you.

Hudson Crossing Park will:

- \* Provide a press release and a mini-poster for *Sunday Afternoon* programs.
- \* Distribute your press release and attach your poster to our monthly newsletter
- \* Promote the series on our web site at **[www.hudsoncrossingpark.org](http://www.hudsoncrossingpark.org)**
- \* Provide you with an electronic (pdf) copy of your poster. We encourage you to e-mail this to your contact lists and to print copies for distribution.

***Important: Any additional promotional materials you may wish to create for the program must be pre-approved prior to distribution.***

You may choose to conduct your program at Stark's Knob Scientific Reservation, Knox Trail Pocket Park, or on the Champlain Canal Lock 5 Island. If you choose the Island, you may select a site at Eagle Point, on or near the floating dock, along the Trails, or in the Picnic Pavilion at the Play Garden.

- \* We hope to have a representative of Hudson Crossing Park present for each *Sunday Afternoon* program; however, if your program *requires* additional assistance please make arrangements for someone to accompany you.
- \* A portable restroom will be available until the Picnic Pavilion restroom is functional.
- \* Water & electricity are not yet available - a generator *may* be available for selected programs.
- \* There is adequate parking near the Play Garden for 30+ vehicles plus bicycles. If you anticipate more vehicles please let us know in advance and we will arrange for additional parking.
- \* Parking for Stark's Knob or the Knox Trail Pocket Park is limited to approximately 10 - 15 vehicles.
- \* *All locations* within the Park are "Carry-In / Carry-Out. Please model good stewardship practices and ensure that the site is clean when you leave.

**Please complete the attached registration form and return it to us as soon as possible to allow us time to create your press release and poster. Thank you again for your interest and support of Hudson Crossing Park.**

Hudson Crossing Park is a 501(c)(3) non-profit corporation. It is non-sectarian and does not discriminate against persons of any race, color, sexual orientation, gender, religion, national or ethnic origin, or those with disabilities, respecting the dignity and worth of all individuals.

**SUNDAY AFTERNOON IN THE PARK**  
*Registration Form*

NAME OF PROGRAM: \_\_\_\_\_

DATE(S) \_\_\_\_\_ RAIN DATE(S) \_\_\_\_\_  
(please note: if a rain date is not offered, it will be assumed that your program will be held rain or shine on the date selected)

START TIME \_\_\_\_\_ END TIME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

DO YOU WISH TO HAVE YOUR CONTACT INFORMATION APPEAR ON THE POSTER / PRESS RELEASE? \_\_\_\_\_

HOW MANY DO YOU EXPECT TO ATTEND? \_\_\_\_\_

WHICH LOCATION WITHIN HUDSON CROSSING PARK DO YOU PREFER FOR YOUR PROGRAM:

- Eagle Point  Floating dock  Trails  Picnic Pavilion
- Knox Trail Pocket Park  Stark's Knob Scientific Reservation

WHICH BEST DESCRIBES YOUR PROGRAM?

- A LECTURE  A PRESENTATION
- A WORKSHOP  A SEMINAR
- A CHILDREN'S PROGRAM  A CLASS
- OTHER? \_\_\_\_\_

PLEASE LIST 3 - 5 BULLETS HIGHLIGHTING YOUR PROGRAM:

- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_

WHAT EQUIPMENT/MATERIALS ARE ATTENDEES REQUIRED TO BRING (IF ANY)? \_\_\_\_\_

WHAT SPECIAL INSTRUCTIONS/SUGGESTIONS (IF ANY)? \_\_\_\_\_

WHAT FEE FOR MATERIALS (IF ANY)? \_\_\_\_\_

IF AVAILABLE, PLEASE INCLUDE PHOTOS, LOGOS, AND ORGANIZATION WEB SITES OR LINKS.

IF YOU NEED FURTHER SPACE TO FULLY DESCRIBE YOUR PROGRAM PLEASE ATTACH A SEPARATE SHEET

**COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE TO RESERVE YOUR DATE(S) AND  
ALLOW US TIME TO PREPARE YOUR PROMOTIONAL MATERIALS.  
YOU MAY ALSO WISH TO KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS.**

Scan and e-mail this completed form to: [abissel1@nycap.rr.com](mailto:abissel1@nycap.rr.com) or  
Mail this completed form to: Hudson Crossing Park P.O.B. # 144 Schuylerville, N.Y. 12871

*Thank you from the Hudson Crossing Park Board of Directors ~ We look forward to working with you!*