



Adopt-A-Park/Trail Application

Today's Date

Name of Organization

(As it would appear on sign)

Contact Person (Group Leader)

(First & Last)

Mailing Address

(City, State, Zip Code)

Phone(s)

Email

Organization Website

Type of Organization

- | | | |
|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Church | <input type="checkbox"/> Community Group |
| <input type="checkbox"/> School | <input type="checkbox"/> Club | <input type="checkbox"/> Service Group |
| <input type="checkbox"/> Scouts | <input type="checkbox"/> Other | |

Interest Location for Adoption

- | | | | |
|--------------------------------|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> North | <input type="checkbox"/> South | <input type="checkbox"/> East | <input type="checkbox"/> West |
|--------------------------------|--------------------------------|-------------------------------|-------------------------------|

Interested in

- | | | |
|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Park | <input type="checkbox"/> Trail | <input type="checkbox"/> Other |
|-------------------------------|--------------------------------|--------------------------------|

Estimated
Number of Volunteers

_____ Adults _____ Youth (under 18)

What does your organization hope to gain from this experience?

Type(s) of projects your organization would like to accomplish:

Statement of Understanding

- I understand that this is an application for the Adopt-A- Park/Trail Program and that a Parks, Recreation and Cultural Services representative will contact me to finalize an agreement.