



Yes!

**I/we want to be a part of the
2020 Springs In Bloom Program
by adopting a City flower bed!**

APPLICATION FOR ADOPTION

Today's Date: _____

Preferred Adoption Location:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Adopter Name

(please indicate if you are a business or non-profit): _____

Contact Person: _____

Home Phone: () _____

Work Phone: () _____

Mailing Address *(street, city, state, zip):* _____

Email *(please print clearly):* _____

Est. Number of Participants: _____

STATEMENT OF AGREEMENT

I have read and agree to abide by the policies, regulations and safety recommendations as put forth by the City of Colorado Springs *(for myself or as the representative of the group listed above)* in regard to the Springs In Bloom program. I understand that this is an application for the Springs In Bloom program and that the Parks, Recreation and Cultural Services Department will confirm the final adoption location.

Signature: _____

Date: _____

CASH DONATION

**I/we wish to make a cash donation toward the Springs In Bloom program
in the amount of \$_____.**

Please make checks payable to "Parks, Recreation and Cultural Services"
and mail to the address shown below. Also note that the donation is for the Springs In Bloom program.
All donations are tax-deductible and will receive a written acknowledgement.

PLEASE RETURN COMPLETED FORM TO:
Parks, Recreation and Cultural Services **or email to Donna.Sanchez@coloradosprings.gov**
1003 Glen Avenue
Colorado Springs, CO 80905