



Adopt - A – Park Group Application

Project Date: _____ Group/Organization: _____

Name of Park: _____ Proposed Work Hours: _____

What type of work would your group like to accomplish? _____

Does anyone in your group require special accommodations due to physical disability? Yes No

If yes explain: _____

Special requests for tools/materials: _____

Total # participants: _____ How many minors will be volunteering? _____

Primary Point of Contact: (This is the designated person who will remain on-site during the duration of your group's project)

Name: _____ Phone: _____ Email: _____

Secondary Point of Contact:

Name: _____ Phone: _____ Email: _____

Organization/Group Address: _____

City: _____ ST: _____ Zipcode: _____

Designated Group Leader: _____ Date: _____

Signature

Print

Parks and Recreation Staff: _____ Date: _____