



# COMMUNITY PARTNERS

## Community Partners – Adoption Program APPLICATION FORM

Date \_\_\_\_\_, 20\_\_\_\_\_.

- Individual (Family)
- Group

- Donation
- Business Sponsorship

**GROUP/FAMILY/BUSINESS NAME:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_ Number of People in Group/Family: \_\_\_\_\_

**PROGRAM AREA(S) OF INTEREST:** Commitment:  1 yr  2 yr  Other \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Adopt-A-Street | <input type="checkbox"/> Adopt-A-Planter                |
| <input type="checkbox"/> Adopt-A-Garden | <input type="checkbox"/> Adopt-A-Park                   |
| <input type="checkbox"/> Adopt-A-Tree   | <input type="checkbox"/> Environmentally-Sensitive Area |
| <input type="checkbox"/> Adopt-A-Block  | <input type="checkbox"/> Sponsorship through Donations  |
| <input type="checkbox"/> Adopt-A-Trail  | <input type="checkbox"/> Other _____                    |

**Location:** \_\_\_\_\_

**Equipment Supplied:**  
 Gloves  Safety Vests  Litter Tool  Bags  Other \_\_\_\_\_

Please fax completed form to: Melanie Turcotte at 250.782.3203

