



Adopt a Park, Trail or Flower Bed Application

Date: _____

Contact Name: _____

Group or Organization: _____

Address: _____

Phone(s): _____

Email: _____

Number of Participants: _____

Location to Adopt: _____

2nd Choice: _____

Period of Adoption: _____

We (I) do NOT wish to be recognized:

Preferred method of reporting volunteer hours: Log Internet

Signature of Applicant: _____

Signature of Parent/Guardian if under 18: _____

Return this application to: City of Delaware Parks & Natural Resources Department

440 East William Street, Delaware, OH 43015, Fax (740) 203-1899, pwcs@delawareohio.net