

Adopt-A-Park Program Application

| Park adopters are eligible for a sign, after meeting requirements. Signs will be posted by our department in a location appropriate for existing conditions. If you do not wish to have a sign, please initial here: We agree to communicate with Parks & Recreation in regards to dates of volunteer work and type of work to be performed in the City park/owned land. Signature Date | Name of Gro | oup/Organiza | tion: | | Date | | |
|---|------------------|--|--|---------------------------|---------------------------|--------------|----------------------------------|
| Primary Contact Information: Name: | | | | | | - | |
| Name: | · | | | Group | School | Other | · |
| Mailing Address: Phone Number: Email: Email: Email: From (Month/Year) To (Month/Year) Estimated Number of Participants: Number of Adults: Number of Minors: Optional: Why do you wish to adopt the requested park? (i.e. location? Particular feature of the park?) How did you hear about the Adopt-A-Park program? The City of West Linn Parks and Recreation Department thanks you for completing the Adopt-A-Park Program application. Once form is complete, please submit for approval. Mail to: West Linn Parks & Recreation, 22500 Salamo Road, West Linn Oregon, 97068 Fax to: 503-656-4106 Email: twiencken@westlinnoregon.gov Adopt-A-Park Sign: Park adopters are eligible for a sign, after meeting requirements. Signs will be posted by our department in a location appropriate for existing conditions. If you do not wish to have a sign, please initial here: We agree to communicate with Parks & Recreation in regards to dates of volunteer work and type of work to be performed in the City park/owned land. Signature Date | Primary Con | tact Informat | ion: | | | | |
| Email: | Name: | | | | | | |
| Email: | Mailing Address: | | | | Phone Num | ber: | |
| City/State/Zip We would like to adopt: Name of park or site: | | | | | | | |
| City/State/Zip We would like to adopt: Name of park or site: | | | | | Ema | il: | |
| Commitment Timeframe: | | City | /State/Zip | | | | |
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| internal Use Staff Perammendation () Approval () Disapproval | Signature | | | | Date | | |
| Paviewed by: Date: Notify Adopter: V/N | For internal Us | se Staff Reco | | | () Disapprov | | |