

City of Appleton
Parks, Recreation and Facilities Management Department
Adopt-A- Park/Trail Application

Organization/Group Leader Information:

Adopting Individual or Organization: _____

Contact Name: _____ Phone Number: _____

Contact Mailing Address: _____

Contact email: _____

Group Leaders Name: _____ Phone Number: _____

Contact Mailing Address: _____ Contact email: _____

Approximate Number of Participants: _____ Number of Adults: _____ Number of Minors: _____

Park/Trail Adoption Information:

Park/Trail Requested for Adoption: _____

Alternate Park/Trail: _____

Group Signs:

Adopt-A-Park/Trail are eligible for a sign with their group name in their designated park or trail. If you are interested in a sign for your designated park, it 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: _____

Please indicate exactly how you wish your name to appear on the Adopt-A-Park/Trail sign:

Applicant Statement:

On behalf of _____ (Group), I have read and agree to follow the Safety Guidelines of the City of Appleton's Park, Recreation and Facilities Management Department's Adopt-A-Park/Trail program. I agree to ensure all adult members of this group have signed a City of Appleton Volunteer Waiver Form, and that all minors participating have a waiver signed by a guardian. I agree to notify the City of any changes in the contact information for the group.

Applicant Signature: _____ Date: _____