

City of Big Rapids
Parks and Recreation Department
ADOPT—A— PARK APPLICATION



Name of Organization/Company/Applicant

Mailing Address

City

State

Zip Code

Describe the Organization's Purpose

Volunteer Organization Representatives Name

Daytime Phone No.

Evening Phone No.

Alternate Representative's Name

Daytime Phone No.

Evening Phone No.

Park Name (or area if applicable)

Name to Appear on the Sign or Acronym (40 Character Max)

I herby acknowledge and support the participation of the above named organization in the "Adopt—A— Park" Program.

Authorized Agent's Signature

Agent's Title

Official Administrator, (i.e., High School Principal, Facility Advisor, Business
Owner, Organization President)

APPLICANT— PLEASE DO NOT WRITE BELOW— FOR OFFICAL USE ONLY

	Date Completed		Date Completed
Application Received		First Project	
Meeting Regarding Location		Sign Request	
Expected Start Date		Other	