

Greenway Project Adopt-A-Trail Program Application

Name of Volunteer Organization

Mailing Address

City, State, Zip Code

Organization Representative (Print)

Day Telephone #

Evening Telephone #

Contact email address

Additional Representative

Names of All Organization Members (a minimum of 6 members):

Please check one or more of the following to apply. All sections are assigned on a first come, first serve basis. If the section of trail your organization has identified is not available, the **Managing Agency** will suggest an alternative. **Managing Agency** has the sole discretion in determining whether an application is accepted or rejected and whether a trail segment will or will not be available for adoption.

Trail Segment

Park Area

One Time Clean Up

List the preferred trail segment or park area

Signature of Volunteer Organization Representative

Date