

ORGANIZATION OR INDIVIDUAL NAME _____

(As it is to appear on sign) _____
(up to 20 characters per line – one or two lines)

GROUP LEADER/CONTACT PERSON _____

TITLE OR POSITION _____

EMAIL ADDRESS _____

PHONE NUMBER (Day) _____ (Evening) _____

MAILING ADDRESS _____

ESTIMATED NUMBER OF PARTICIPANTS _____

PREFERRED ADOPT LOCATION _____

TENTATIVE STARTING DATE _____

ANTICIPATED NUMBER OF WORK - DAYS _____

I have read and agree to abide by the policies, regulations and safety recommendations as put forth by the City of Louisville in regard to the Adopt an Open Space, Park, Golf or Trail Program. I understand that once the City has processed the Adopt Application, a Parks, Recreation, and Open Space Department representative will contact me to discuss the adoption process. In addition, I understand that the Director of Parks, Recreation, and Open Space or his/her designee will make the final determination as to whether a group can participate and will approve the final adopt location

SIGNATURE _____ DATE _____