

Adopt-A-Park Group Application

Project Date: _____ Group/Organization: _____

Name of Park: _____ Proposed Work Hours: _____

What type of work would your group like to accomplish?

Does anyone in your group require special accommodations due to physical disability? Yes No
If yes, explain:

Total # participants: _____ How many minors will be volunteering? _____

Primary Point of Contact. This is the designated person who will remain on-site during the duration of your group's project.

Name: _____ Phone: _____
Email: _____

Secondary Point of Contact:

Name: _____ Phone: _____
Email: _____

Organization/Group Address: _____
City: _____ Street: _____ Zip: _____

Designated Group Leader: _____ Date: _____
Signature

Designated Group Leader: _____ Date: _____
Print

Parks and Recreation Staff: _____ Date: _____



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