

**Adopt-a-Park
Application Form**

Date: _____

Group/Individual Name:

Group/Individual Supervisor (Over 18): _____

Supervisor's Address: _____

Email: _____ Primary Phone: () _____

Estimated # of Participants: _____

Preferred Start Date: _____ Is this an agreement renewal? ___ Yes ___ No

Preferred Site (Park Name):

1st Choice: _____

2nd Choice: _____

Comments: _____

Signature of Group/Individual Supervisor:

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**Agreement Form
Office Use Only**

The City of Sturgeon Bay recognizes that the group/individual named above has adopted:

_____ Park(s)

The adoption of this/these Park(s) will begin on _____ (Date) and the

adoption contract will last one year, at which time it may be renewed or terminated.

Signature (Dir. of Municipal Services): _____ Date: _____

***A copy of the application/agreement form signed by the City of Sturgeon Bay's Director of Municipal Services will be mailed or emailed to the Group Supervisor upon completion, at which time you may schedule your first event.**