

Partners 'N Parks Program

Park Information

Park Name:					
Area to be adopted	d (please be as specific	c as possible):			
Adoption Perio	<u>d</u>				
Date you or your o	group would like to beg	jin activities:			
Adoption will be re	eviewed in one (1) year	r (if applicable):			
How often would y	ou or your group like t	to participate in the	Partners 'N P	Parks program with d	ates?
One time:	Date:				
Monthly:	Dates:				
Quarterly:	Dates:				
Twice a year:	Dates:				
Other:	Please specify:				
Not sure:	Please explain:				
	ng: Date, time, and wh a minimum of 2 weeks			Recreation staff:	
Option 1:					
Option 2:					
Group Leader I	<u>nformation</u>				
Contact Name:					
Organization Nar	ne (if applicable):				
Address:					
Business Phone#:		Direct	Phone#:		
E-Mail Address:					

Partners 'N Parks Program (continued)

Alternate	Contact Name:					
Business	Phone#:		Direct	Phone#:		
Terms a	nd Conditions	<u>i</u>				
	agreed upon am	states a cooperative co sount of time. A maxim				
agreed (B) All (C) Th Parks (D) Th (E) Th partici	te participant (s) d upon by the Pall volunteer requeste contact person Division Liaison. The use of power eachy of Glendal pant(s) are parties/programs, with	shall develop and followorks and Recreation Departs and Recreation Departs and the submitted for shall report all hours, requipment during voluntate may photograph or vicipating for purpose of path the understanding that	artment and four days planes of parter events deotape the promoting to	d report a rior to the articipants is prohibite events of the City of	ny park hazards to 0 event date. s, and outcomes to the ted. or activity in which the f Glendale and its	city staff. ne Partners 'N ne
of carı	rying out the terr	e allowed access to City ms of this agreement. Ie reserves the righ		_		
	'N Parks Partic and Sign on Line)	pant			lendale Staff and Sign on Line)	
		 Date	-			Date
	Date Started:	e Only: Approved Yes		Da	nte:	
		www.alendaleaa	com/nar	ckcandro	<u> </u>	