

Adopt-A-Park Program Application

ORGANIZATION INFORMATION

Organization Name _____

Contact Person _____

Mailing Address _____

City _____

State _____ Zip Code _____

Email _____

Phone _____

Type of Organization _____

Total Membership _____

Park to be Adopted _____

Briefly describe your intended contributions: _____

INDIVIDUAL INFORMATION

(Note: Contact person must be age 18 or over)

Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Email _____

Phone _____

Number of Participants: Under age 18 _____

Age 18 & over _____

Park to be Adopted _____

Briefly describe your intended contributions: _____



Send application to:
Leavenworth Parks & Recreation Department
123 S. Esplanade St.
Leavenworth, KS 66048

or email the scanned application to:
parksandrec@firstcity.org

