



**Adopt-A-Spot Program Application
For A Clean Claremont**

Name of Group /Organization/Individual: _____

Circle One:

Are you a: Business Non-Profit Group School Church Individual Other: _____

Primary Contact Information:

Name: _____

Mailing Address: _____

Phone Number: Home _____ **Work:** _____ **Cell:** _____

Email: _____

We would like to adopt: Name of Park, Street or open space location:

1st Choice: _____ **3rd Choice:** _____

2nd Choice: _____ **4th Choice:** _____

What do you want to do through your park adoption?

Clean up **Vegetation pruning** **Other** _____

Date you would like to begin activities: _____

How often would you or your group like to participate in the Adopt-A-Park program? (with dates)

- One time - Date: _____
- Monthly Dates: _____
- Quarterly Dates: _____
- Twice a year - Dates: _____
- Other: Please specify: _____
- Not sure: Please explain: _____

Estimated # of participants: _____ **Age range of participants:** _____

Please submit for approval to:

Claremont Parks and Recreation: Attn: Mark Brislin – Director, 152 South Street, Claremont, NH 03743
Email: Mbrislin@claremontnh.com.