



Adopt-a-Flowerbed Application Form

Date: _____ Name of Individual or Group Leader: _____

Name of Group: _____

Location Choice: _____

I have read the guidelines and agree to perform the duties listed under the volunteer's responsibilities section. Responsibilities include weeding, dead-heading and general aesthetic maintenance of flowerbed. (See guidelines for a complete list of responsibilities)

It is the intent of this agreement to provide quality, attractive flowerbeds to enhance the beauty of our community. If at any time the Township deems the flowerbed is unsightly, contact will be made with the individual adopter or group leader.

If you are in need of assistance, please call the Community Services Department at 826-3227 x 226.

Thank you for volunteering your time and effort!

Signature of Volunteer/Sponsor

Address

Email Address

Phone(s)

THIS FLOWERBED HAS BEEN ADOPTED BY:

Wording on Sign (recognizing individual/group)

Send completed form by email to programmer@manitouwadge.ca, by fax to 807-826-4592 or by mail to: The Township of Manitouwadge, P.O Box 910, Manitouwadge ON, P0T 2C0 c/o Community Services Department