District of Squamish

District of Squamish Adopt a Trail Program
Application Form

Date: _____

Contact Information:

_____
Group / Organization Name | Group Contact

_____
Address

_____
City | Postal Code

_____ | _____
Daytime Phone | Evening Phone

_____ | _____
Cell Phone | Fax Number

_____
Email / Website

Best Time to contact: _____

Period of Adoption: (yyyy/mmmm/dddd) _____
Preferred Contact method: ☐ Mail ☐ Email ☐ Phone
Number of Participants: _____

Location of Adoption: _____
Please be as detailed as possible

Second Choice: _____

If you wish to be publicly recognized: ☐ check here
Preferred method of reporting volunteer hours: ☐ Activity Log ☐ Email

_____ | _____
Signature of applicant | Signature of parent Guardian if Applicant under 16

For Office Use Only

Date Received: _____

Trail Assigned: _____

Start Date / End Date: _____

Forms: ☐ **Statement of Commitment** ☐ **Release & Wavier** ☐ **Activity log & first Aid**

Training: ☐ **Orientation** **Recognition Sign:** _____