



# City of Colorado Springs Adopt-A-Waterway Program Dates & Activities

**Adopting Organization** (Please Print): \_\_\_\_\_

**Designated Representative** (Please Print): \_\_\_\_\_

**Contact Information:**

Home (Check One):  Phone  Mobile  Pager Number:

E-mail address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Work (Check One):  Phone  Mobile  Pager Number:

E-mail address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Address** (Please Print): \_\_\_\_\_

Street City Zip

| <u>Activity</u>                | <u>Date</u> |
|--------------------------------|-------------|
| <input type="checkbox"/> _____ | _____       |
| <input type="checkbox"/> _____ | _____       |
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| <input type="checkbox"/> _____ | _____       |
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