

Adopt-a-Block Participant Application



Date: _____

Contact Information:

Individual/Family/Group/Business/Organization Name

Main Contact (Full Name)

Occupation

Gender: Male Female Age range: 18-25 26-40 41-60 61+

Address

City, Postal Code

Daytime Phone

Evening Phone

Cell Phone

Fax Number

Email

Best time to contact: _____

Number of Participants: _____

Preferred contact method for newsletters etc.: Email Mail

Where did you hear about the Adopt-a-Block:

Newspaper

Website

Leisure Guide

Friend

Event

Other _____

Please Specify

Type of Organization:

Individual/Family

School/Organization

Business

Other _____

Please Specify.

Adoption Type:

Adopt-a-Street

Adopt-a-Park

Adopt-a-Trail

Adopt-a-Creek

Preferred Adoption Location: _____

Please be as detailed as possible. For example: 999 Avenue from 21 to 45 Street.

Return this form to: Mission Adopt-a-Block Society
PO Box 3245 Mission, BC V2V 4J4

Phone: 604.826-9423
Email: missionadoptablock@gmail.com

Apply Online: www.missionadoptablock.com/blog/participant-application