



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"/> _____	_____