



# City of Farmington

430 Third Street

Farmington, Minnesota

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www.ci.farmington.mn.us

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## ADOPT-A-PARK REGISTRATION FORM

NAME OF GROUP OR INDIVIDUAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### PRIMARY CONTACT PERSON

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER (work) \_\_\_\_\_ (home) \_\_\_\_\_

### SECONDARY CONTACT PERSON

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER (work) \_\_\_\_\_ (home) \_\_\_\_\_

### GROUP PARTICIPANTS

(Members under the age of 18 years, please complete a parental release form)

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE (If under 18 years)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

(use back of form for additional group member names)

