City of Las Cruces
Parks & Recreation Department
Adopt-a-Spot Agreement

"SPOT" INFORMATION

"Spot" Name: _____

Location/Address: _____

Please describe additional activities you want to include as a part of your adoption not previously listed: _____

_____

_____

_____

ADOPTER INFORMATION

Adopter Group Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone 1: (_____)_____-_____ Email: _____
Web Site (if applicable): _____

Adopter Primary Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone 1: (_____)_____-_____ Email: _____

Exact Name Desired on Sign

**Suggested limit of two lines of 27 characters each, including spaces. Please print.

Estimated Number of Participants and Age Range: _____

GENERAL AGREEMENT

WHEREAS, the City of Las Cruces and Adopter recognize the need and desirability of clean and safe, parks, trails, median and rights-of-way areas; and

WHEREAS, the Adopter is aware of the nature of the work which is to be performed and agrees to conduct its adoption activities in accordance with the Program guidelines,

NOW THEREFORE, the City of Las Cruces and the Parks and Recreation Department recognizes Adopter as the adopting organization for the above named area(s) thereof,

FURTHERMORE, Adopter accepts the responsibility of performing adoption responsibilities listed here and in the Adopt-a-Spot Program guidelines at least _____ beginning _____,
(weekly, bi-weekly, monthly)
20___ and ending _____, 20___.

_____	_____	_____
Adopter Contact (Printed Name)	Adopter Contact (Signed Name)	Date
_____	_____	_____
KLCB Coordinator (Printed Name)	KLCB Coordinator (Signed Name)	Date

Office Use Only

Date Rec'd:

Date Approved:

8/2018