



Michigan Department of Natural Resources  
Parks and Recreation Division

Partnership Program - Michigan State Parks

**ADOPT-A-PARK APPLICATION**

Provided by authority of Part 741 of Act 451, P. A. 1994, as amended.

Name of Organization/Company/Applicant		
Mailing Address		
City	State	Zip Code
Describe Organization's Purpose ..... .....		
Volunteer Organization Representative's Name	Daytime Telephone No.	Evening Telephone No.
Alternate Representative's Name	Daytime Telephone No.	Evening Telephone No.
Park Name (Unit if applicable)		
<b>Name To Appear On Sign (40 Character Maximum)</b>		
<p>I hereby acknowledge and support the participation of the above named organization in the "Partnership" Program, Adopt-A-Park.</p>		
<p>_____ Authorized Agent's Signature (Official Administrator, i.e., High School Principal, Faculty Advisor, Business Owner, Organization President)</p>		<p>_____ Agent's Title</p>

**Please send completed application to the park for which you are making application. The Unit Supervisor at the park will contact the Volunteer Organization Representative who should be present at all Adopt-A-Park activities.**

APPLICANT - PLEASE DO NOT WRITE BELOW - FOR OFFICIAL USE ONLY			
	Date Completed		Date Completed
Application Received		First Project	
Joint Orientation Meeting		Sign Request	
Volunteer Project Form		Other:	
Expected Start Date		Other:	