Adopt-A-Spot Application

Group Information:

_____ _____
Name of Group (how you'd like to see it on certificate and sign) # in group

_____
Primary Contact Person Email

_____
Cell Phone Address City/ Zip

_____
*Alternate Contact Person/Faculty Advisor

_____
Phone for Alternate Contact Email

_____ New? ____ or Renewal? ____
What is your desired location?

If you are an RSO, in what month do your officer transitions occur? _____

*If group is a Registered Student Organization, the alternate contact person must be the faculty/staff advisor for the group.
By signature below, the Group acknowledges the hazardous nature of the work and agrees to discharge Keep Carbondale Beautiful and its representatives from any liability.

_____ _____
Signature of Group Representative Date

Please return this form to: Keep Carbondale Beautiful
P.O. Box 1326
Carbondale, IL. 62903-1326
or
keepcb1326@gmail.com
For more info: 618-525-5525 or keepcb.org