



**CITY OF REDDING  
ADOPT-A-TRAIL PROGRAM  
APPLICATION TO PARTICIPATE**



**APPLICANT INFORMATION**

INDIVIDUAL / ORGANIZATION / BUSINESS NAME

PRIMARY CONTACT / ADOPT-A-TRAIL CAPTAIN

TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

ALTERNATE CONTACT (Required)

ALTERNATE CONTACT'S PHONE NUMBER

NUMBER OF VOLUNTEERS IN GROUP

NUMBER OF VOLUNTEERS UNDER AGE 18

ADOPTION SITE NAME AND LOCATION

ALTERNATE ADOPTION SITE NAME AND LOCATION (If first is unavailable)

SECOND ALTERNATE ADOPTION SITE NAME AND LOCATION (If second is unavailable)

SIGNATURE (The undersigned agrees that all work will be done in accordance with the City of Redding's Adopt-A-Trail Program rules and regulations and will be subject to inspection and approval. The Adopt-A-Trail Program and its courtesy signs are not a forum for advertisement or public discourse.)

SIGNATURE OF PRIMARY CONTACT/ADOPT-A-TRAIL CAPTAIN

DATE

**THIS SECTION TO BE COMPLETED BY ADOPT-A-TRAIL OFFICIAL**

ADOPTION SITE / TRAIL

ADOPTION SITE APPROVAL

DATE