

Park Partnership Application

Group/Organization:	Date:
Contact Person:	Contact Person's Title:
Mailing Address:	Phone Number:
Email Address:	
Check one: □ New Park Partner	☐ Park Partner Renewal
Term of Prior Agreement from/_ MO \	: to:/ YR MO YO
Name/Location of Park Interested In:	
☐ Entire Park ☐ Specific Area:	
Eltife Falk	
Frequency of Maintenance to be performed	by Park Partner: □ Weekly □ Monthly □ Quarterly
Great American Clean Up (1st Saturday in Apr	ril) Pride Day (2 nd Saturday in October)
☐ Other:	
Proposed: Type of Free Community Events T	o Host/Requested Dates:
1. Description:	Date: / /
2. Description:	
3. Description:	
	Date:/
Proposed: Type of Fundraising Event Requested (one allowed per year) and Proposed Date:	
Description:	Date:/
Estimate of Funds to Be Raised: \$	
Proposed Donations to be Funded by Park Pa	rtner: Trees Benches, Tables, Waste Receptacles
☐ Other Amenity (describe):	
I HEREBY certify that I am authorized to act o	on behalf of the group/organization listed on this application:
Signature	
3,8,100010	
PLEASE DO NOT WRITE IN THIS ARE	· ————
PARKS AND RECREATION STAFF USE O	ONLY Initial: