



Adopt-A- Flower Bed Program Application

Name of Individual/ Club/ Business:

Representative of Group:

Address:

Phone Number:

Email:

Requested to Adopt-A- Flower Bed Location:

1st Choice:

2nd Choice:

3rd Choice:

Age:

Name of Guardian (if under 18):

I have read through the Municipality of South Dundas Adopt-A-Flower Bed Program and understand what is expected of me by volunteering. All volunteers shall be named under the Municipalities volunteer insurance and liability policy.

Print Name:

Signature (of guardian, if under 180:

Date: