Date: ________________________________

Organization Name: ________________________________

Organization Address: ________________________________

________________________________________________________________

Coordinator Name(s): ________________________________

Telephone Number(s): ________________________________

Email Address(es): ________________________________

Alternate Coordinator: ________________________________

Telephone Number(s): ________________________________

CREEK PREFERRED FOR ADOPTION: ________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Approximate number of participants: ________________

Are any participants in the age group of 12-17 years? ________

If YES, approximately how many? ________________

When would the organization be prepared to begin participating in the program?  

2 weeks______ 3 weeks______ 4 weeks______  Unsure______