



# Adopt-A-Stream Program

## APPLICATION FORM

**Date:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

\_\_\_\_\_

**Coordinator Name(s):** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Email Address(es):** \_\_\_\_\_

**Alternate Coordinator:** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**STREAM 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** \_\_\_\_\_