



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** _____