Adopt-A-Trail Application

Trail Steward Information:

Name: _____

Group type: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Name to be placed on the sign (limit two lines; 18-20 characters per line, including spaces):

Why do you/your organization want to adopt a portion of the Dakota Rail Regional Trail?

_____

_____

_____

_____

How and when would your group organize trail clean-up outings?

_____

_____

_____

For office use only:

(Circle one)

Approved Denied By: _____ Date: _____

Start date: _____ End date: _____

Name on sign: _____