



Sunshine Coast Regional District Adopt a Trail Program

Application Form

Date: _____

Name Contact Person – if group

Address

Town Postal Code

Home Phone Cell Phone

Email Address

Will you be doing this work with family, friends or an organized group?

Best time to be contacted: _____ Number of Participants: _____

In order of preference, list the trail or trail sections you would like to adopt:

1. _____
2. _____
3. _____

If you do not want to be publicly recognized: Check here

Signature of Applicant

Signature of Parent/Guardian