Adopt-A-Road Program Application



Group Name												
Volunteer Grou	р Туре	(mark or	ne):									
A) St	udents	– K-12 (N	1ust hav	e adult su	pervisor n	nember	informatio	n includ	ded on th	e Adop	t-A-Road	
	•		•	act or Alte								
-		_		•	•		ult supervis				1	
			dopt-A-R	oad Appli	cation as (Group (Contact or A	lternate	e Contact	t)		
	•	ndividual										
				mmercial I	Business							
		es – Public										
		ternal Org										
				ised Adult								
			– Superv	ised Juver	nile Offen	ders						
l) Ot	her – S	Specify:										
Total number of participants in group:					Number of participants under the age of 18:							
Roadway secti	on req	uesting to	adopt:		•						<u>.</u>	
Applicant Signature:									D	ate:		
Primary Contac	t Perso	n – Groui	n Leadei	r – All volu	nteer gro	uns mu	st provide a	contac	t nerson	I		
Name:	0.00,		7111 1014	meer gro	арз пта	Daytime P						
							-					
Email Address:						Cell Phone Number:						
Mailing Addres												
(with City, State	, Zip)											
Secondary Cont	act Pe	rson – Re	quired fo	or all orgai	nizations.							
Name:						Daytime P	hone N	umber:				
Email Address:						Cell Phone	Numbe	er:				
Mailing Addres	ss:								<u> </u>			
(with City, State	, Zip)											
Recognition Sig	n Infor	mation										
Fill in boxes just			to be m	ade. No sl	ogans or I	ogos. C	nly one let	ter per l	box. Indic	ate a s	pace by le	eaving a
blank box. Signs		_			_	_	-	•				Ū
Blaine County L	lse On	ly										
Approved Sect		Beginning Milepost:				Ending Milepost:			Segment Number:			
Notes:				•	•		•					•
Mail Completed I	orm To	o:		County Roa		_	partment					

Attn: Adopt-A-Road Program 206 South 1st Avenue, Suite 306

Hailey ID, 83333 cclark@co.blaine.id.us

Revised September 2019