HARRISONVILLE
PARKS & RECREATION

ADOPT-A-SPOT APPLICATION

APPLICANT INFORMATION

Spot Sponsor (Name of Organization): _____

Type of Organization:

☐ Church ☐ Civic ☐ School

☐ Other: _____

Estimated number of people involved: _____

Desired State Date: _____

Contact Information:

Contact Person: _____

Daytime Phone: _____

Alternate Phone: _____

Email: _____

Spot Details:

Location of Desired Spot: _____

Include a detailed planting plan, site sketch, and item-by-item budget (if requesting financial assistance).

Applicant Signature: _____ Date: _____

Return completed form, detailed planting plan, site sketch, and item-by-item budget (if requesting financial assistance) to the Harrisonville Parks and Recreation Department at 2400 Jefferson Parkway. Fax to 816.380.8987 or email to recreation@harrisonville.com. For questions, call 816.380.8980.

For Office Use Only:

Harrisonville Parks Staff Initials: _____ Date: _____

Approval/Disapproval: _____

Harrisonville Park Board Recommendation:

☐ Approval ☐ Disapproval

Date: _____

More Information :

2400 Jefferson Parkway, PO Box 367

(P) 816.380.8980 (F) 816.380.8987

www.Harrisonville.com

THANK YOU

OFFICE USE ONLY

Date: : _____

Time: : _____

Staff Initials : _____