WEST VIRGINIA STATE PARKS & FORESTS ADOPT-A-TRAIL PROGRAM APPLICATION

state parks

WEST VIRGINIA

CONTACT INFORMATION			
Organization Name:			
Representative Name:			
Mailing Address:			
City:	State:	Zip:	
Phone:			
Email:			
Requested Park/Forest Name:			
Requested Trail Name/or Trail Location	on:		
Starting Point:	E	nding Point:	
PARTICIPANT INFORMATION			
Number of Participants:		Under 18	Over 18
The organization, business, family or group	named above has read and	agrees to the terms and c	onditions of the Adopt-A-Trail Program:
Representative's Signature:		Date:	
(For WVDNR Use Only)			
WVDNR Approval:	Date of Approval:		Expiration:
Park/Forest Name:		Trail Name/Location:	
Copies To: Organization; Parks & Recreatio	n Section; Area Superintende	ent. Ensure all volunteers l	have completed a Volunteer Agreement
MAIL COMPLETED APPLICAT West Virginia State Parks	IONS TO:		

Adopt-A-Trail Program 324 4th Avenue, South Charleston, WV 25303

_almost heaven.