

## Registration Form (Please print or type)

Org	ganization Information		
Group Name:			
Number Participating:			
Group	Leader/Contact Persor	ı	
Name:			
Phone Number:			
Email:			
Mater	rial Drop off Location		
Contact Name:			
Street Address			
City:	State:	Zip:	
Clean Up & (	Garbage Collection Loc	cations	
Clean Up Site:			
Address:			
Collection Site:			
Address:			