



**City of Knoxville Department of Parks and Recreation
Adopt a Park Enrollment Application**

Application Date: _____

Name of Park or Greenway to be adopted: _____

Intended length of commitment (minimum of 1 year): _____

Adopting Individual or Organization: _____

Contact Name: _____ Phone Number: _____

Contact Mailing Address: _____

Contact email: _____

Adopt a Park Committee members: _____

Please indicate exactly how you wish your name to appear on the Adopt a Park sign of recognition:

Please briefly list your goals for the Adopt-a-Park

program: _____

How did you hear about the Adopt-a-Park program?: _____

Please send completed form to:

City of Knoxville
Department of Parks and Recreation
P.O. Box 1631, Knoxville, TN 37901.

Thank you for your interest in the Adopt a Park program! Upon the approval of this application, applicants will receive confirmation along with a certificate that recognizes that you or your organization has adopted the park.