



Adopt-A-Garden Request Form

Organization/Group (if applicable): _____

Contact Person: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Names of Volunteers in Group (attach list if needed): _____

Please select a location from the listed options by number:

_____ 1st Choice: _____

_____ 2nd Choice: _____

_____ 3rd Choice: _____

Return to: Peri Drew; pdrew@clatsopcc.edu
CCC Facilities Department
1651 Lexington Avenue
Astoria, OR 97103