

PROGRAM: Adopt-A-Garden

Registration Date: \_\_\_\_\_

**REGISTRATION FORM**

City of Doral  
Parks & Recreation Department



Doral Legacy Park  
11400 NW 82<sup>nd</sup> St  
305.341.3601  
doralparksinfo@cityofdoral.com

**SECTION I. Organization/Group Name**

[ \_\_\_\_\_ ]  Located in Doral  Located Outside of Doral  
Organization/Group Name **\*\* Proof of Organization Residency Required**

**SECTION II. General Information**

Organization [ _____ ]	[ _____ ]	[ _____ ]
Address	No. & Street	City Zip Code
Phone [ _____ ] [ _____ - _____ ]	Fax [ _____ ] [ _____ - _____ ]	Other [ _____ ] [ _____ - _____ ]
Area Code	Area Code	Area Code
E-mail Address [ _____ ] Years in Existence [ ____ ] # of Proposed Participants [ ____ ]		

**SECTION III. Proposed Plants**

*Provide a list of the plants that would be planted in the garden.*


**SECTION IV. Organization/Group Coordinator**

**Coordinator**

[ \_\_\_\_\_ ] Phone Number: [ \_\_\_\_\_ ] [ \_\_\_\_\_ - \_\_\_\_\_ ]  
First Name Last Name Area Code

**SECTION V. Participating Adults**

[ _____ ]	[ _____ ]	Phone Number: [ _____ ] [ _____ - _____ ]
First Name	Last Name	Area Code
[ _____ ]	[ _____ ]	Phone Number: [ _____ ] [ _____ - _____ ]
First Name	Last Name	Area Code
[ _____ ]	[ _____ ]	Phone Number: [ _____ ] [ _____ - _____ ]
First Name	Last Name	Area Code
[ _____ ]	[ _____ ]	Phone Number: [ _____ ] [ _____ - _____ ]
First Name	Last Name	Area Code
[ _____ ]	[ _____ ]	Phone Number: [ _____ ] [ _____ - _____ ]
First Name	Last Name	Area Code

**SECTION VI.**

Attach supporting documentation on your organization and how you propose to use and manage the community garden.

Submit your application packets to: [Michael.Festa@cityofdoral.com](mailto:Michael.Festa@cityofdoral.com)