



Adoption Program Report

Adoption Group/Organization: _____

Group Representative: _____

Contact Address: _____

Telephone: _____ Email: _____

Adoption Location: _____

Date of Project: _____ Miles: _____ or Acres: _____

Number of Volunteers: _____ Project Duration (Hours): _____

Jurisdiction: _____

Hillsborough County, City of Tampa, or City of Temple Terrace

Cleanup Project Amount of Litter Collected:

Trash

Recyclables

Number of bags _____

Materials that did not fit into bags: _____

Detailed location of all bags and materials: _____

Zip code for location of bags: _____

Before cleanups were safety procedures reviewed? Yes or No

How many youth (under 18) _____ and adult volunteers _____



Adoption Program Report

Beautification/Restoration

(Check all that apply)

Planting: _____ Weeding: _____ Invasive Removal: _____ Mulch: _____
 Seagrass: _____ Other: _____

List types of Plants/Trees planted

| Name of plant | Amount |
|---------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Invasive removal

Approximate Acreage Improved: _____

Approximate Cubic Yards Removed: _____

Actual Weight of Invasives Removed (tons): _____

Other: _____
