



City of Pelican Rapids Parks Program



Mission Statement

The Adopt A Flower Bed Program was created with the objective to generate a sense of community involvement through our parks and to show citizens and visitors the strong sense of pride our community has. The goal of this program is to beautify, improve, and increase community pride and ownership in the park system.

General Duties

- ❖ Litter pickup
- ❖ Weeding
- ❖ Plant and water flowers
- ❖ Fertilize or spray plants for pests (if using restricted chemicals, participants must be licensed by the State of Minnesota.)

Guidelines

- The group must discuss and inform the Park Board of any changes prior to making them.
- All duties done should benefit the majority of the park users.
- To ensure safety, all duties done should be done during daylight hours.
- The group will notify the Pelican Rapids Public Works Director of any vandalism or potential safety hazards.



City of Pelican Rapids Adopt A Flower Bed Terms of Agreement



I/We agree to maintain _____
(name of park)

I/We understand and agree to abide by the established guidelines as set forth below.

1. A commitment of _____ years.
2. The flower beds chosen are on a first come, first served basis.
3. All Participants under the age of 18 must have adult supervision.
4. All groups are encouraged to carry a first aid kit and be aware of local emergency numbers.
5. The group shall report any vandalism or potential safety hazards to the City of Pelican Rapids Public Works Director at (218) 863-7051.
6. I have read, understand, and will abide by the guidelines outlined in the City of Pelican Rapids Adopt A Flower Bed Program.

Name of Individual/Group/Organization: _____

Signature: _____ Date: _____



City of Pelican Rapids Adopt A Flower Bed Application



Circle one: Are you a: Business Non-Profit Group Neighborhood Individual

Name of Individual/Group/Organization: _____

Contact Name: _____ Contact Number: _____

Address: _____

Park to Adopt: _____

Parks/Flower Bed locations:

E.L. Peterson Park

Veteran's Memorial Park

Sherin Memorial Park

City Hall

PR Public Library

Name on sign: _____

Circle one:

Commitment time: two years three years Other: _____

Chairman of Park and Recreation Board

Date

Contact Information:
Brian Olson
Public Works Director
(218) 863-7051