

Park/Trail Stewards Program Application

Individual/Group Name: _____

Group Representative: _____ Contact Phone: _____

Email: _____

Mailing Address: _____

Requested Park: _____ Requested Area: _____

Proposed Tasks/Project: _____

Preferred Start Date: _____ Duration/End Date: _____ Recurring? Yes/No

If group, estimated Number of Participants: _____ Age Range of Participants: _____
(Participants under 18 require adult supervision)

The Town of Sahuarita is not responsible for injuries or damages sustained as a result of volunteer participation in the Park/Trail Stewards Program. Participants are required to sign an indemnification waiver prior to participation.

Individual/Group Representative Signature: _____

Date: _____

Please return this form by mail to:

Parks, Recreation &
Community Services Department
Attn: Parks & Facilities Manager
375 W. Sahuarita Center Way
Sahuarita, AZ 85629

By e-mail to:

lhester@sahuaritaaz.gov

Questions?

Please call the Parks & Facilities Manager (520) 822-8889