



SPRING CLEAN UP / PITCH-IN WEEK Registration Form

1. General Information

Name (Mr/Mrs/Ms): _____ Title: _____

Organization Name (if applicable): _____

Mailing address –

Street: _____ Town/City: _____

Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

2. Information about your Organization / Group

Number of people who will participate in your campaign: _____

of Bags: _____ # of Gloves: _____

Please **check** the category below that best describes YOUR own organization

- | | | |
|--|---|---|
| <input type="checkbox"/> Elementary / Secondary School | <input type="checkbox"/> Conservation Authority | <input type="checkbox"/> Athletic Organization |
| <input type="checkbox"/> College | <input type="checkbox"/> Seniors Group | <input type="checkbox"/> Ratepayer / Resident / Cottagers' Organization |
| <input type="checkbox"/> Daycare/Preschool | <input type="checkbox"/> Women's Institute | <input type="checkbox"/> Service Club / Community Group |
| <input type="checkbox"/> Cubs | <input type="checkbox"/> Sparks | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Scouts | <input type="checkbox"/> Brownies | <input type="checkbox"/> Business |
| <input type="checkbox"/> Beavers | <input type="checkbox"/> Guides | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Ventures / Rovers | <input type="checkbox"/> Pathfinders | <input type="checkbox"/> Firefighter / Police / Public Safety |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Senior Branches of Guides | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Fish & Game Organization | <input type="checkbox"/> Naturalist / Outdoor / Environmental Group | _____ |
| <input type="checkbox"/> Chamber of Commerce | | |

3. Clean-up Information

Please **check** where you will be organizing a clean-up event

- | | | |
|--|--|---|
| <input type="checkbox"/> Schoolyard | <input type="checkbox"/> Shoreline/Waterway | <input type="checkbox"/> Wildlife / Conservation Area |
| <input type="checkbox"/> Neighbourhood | <input type="checkbox"/> Highway/Road | <input type="checkbox"/> Trail |
| <input type="checkbox"/> Park/Playground | <input type="checkbox"/> Business | <input type="checkbox"/> Sports Field |
| <input type="checkbox"/> Ravine | <input type="checkbox"/> Cemetery / Churchyard | <input type="checkbox"/> Other (please specify) |
- _____

Date(s) of your Clean-up Project(s): _____

Scope: (length of time, special details) _____

Location(s): Please provide address/street location of your clean-up area

Once finished please email completed form to events@reaps.org

