



## STORM DRAIN MARKING APPLICATION

Name of Group: \_\_\_\_\_

Name of Student Contact Person: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name of Adult Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Number of Volunteers: Total \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_

Desired project start date: \_\_\_\_\_

Desired project completion date: \_\_\_\_\_

Signature of Student Contact Person: \_\_\_\_\_

Signature of Adult Contact Person: \_\_\_\_\_

Date Application Submitted to KSLB: \_\_\_\_\_

For KSLB Use Only:

Assigned Site: \_\_\_\_\_

Assigned Date: \_\_\_\_\_ Assigned Time: \_\_\_\_\_

Waivers on File: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please note:

- All youth groups must have a registered participating adult.
- Each group must provide water for their volunteers.
- This project may need to be rescheduled due to rain 24 hours prior to the project Or rain predicted 24 hours after project.