



Annual Roadside Cleanup Program Application Form

Agricultural Services

Date: _____

Name of club: _____

Type of club (please circle one): 4-H / Registered Society / Other: _____

Contact Information

Name: _____

Address: _____

Contact telephone number: _____

General Information

Number of participants under the age of 14: _____

Number of participants between the ages of 14 and 18: _____

Number of adult supervisors: _____

Total number of expected participants: _____

Checklist

1. Applications must be accompanied by a resolution from the 4-H club or society, authorizing the proposed activity on behalf of the club. Additionally, the application should include the anticipated number of club participants and an acknowledgment of compliance with the conditions set forth by the Municipal District of Taber.

Office Use Only

Date received: _____

Local road assigned: _____

Total kilometres: _____

Date completed: _____

Signed off by: _____

Date forwarded to accounts payable: _____