City of Del City
Oklahoma

Thank you for your interest in Del City Beautification Adopt Flowerbed Program. We are excited about the opportunity to work with others to keep Del City beautiful!

Adopt a Flowerbed is an effort to encourage community involvement in ongoing community beautification. Volunteers/Sponsors/Organizations will be responsible for planting, weeding, fall planting and cleanup, the responsibilities would be caring for flowerbeds just as if it were your own.

If you are interested in adopting one of the City's entrance flowerbeds please contact Del City Beautification, City Staff Bryan Beard at bbeard@cityofdelcity.org or 405-671-2868 to schedule an initial on-site meeting to go over maintenance needs and requirements.

This agreement is between _____ and
(Name of Volunteer/Sponsor/Organization)
the City of Del City and Del City Beautification.

For the flowerbed located at _____ Del City, Oklahoma.

Adoption Period _____ to _____ (minimum 1 growing season)

Volunteer/Sponsor/Organization will be responsible for:
Preparing the bed prior to planting, planting the flowers, weeding the flowerbed, pinching back spent blooms, watering flowers and removing plants soon after first killing frost and making preparation for fall/winter planting.

The City of Del City Agrees to:
Provide the bedding plants, mulch, planting and maintenance instruction, recognition of those who adopt flower beds either in a program brochure, name on a sign at the flower bed location, and/or recognition on the local City TV channel.

It is the intent of this agreement to provide quality, attractive flower beds to enhance the beauty of our City. City staff will periodically check your adopted area throughout your adoption period, if at any time you need assistance or have problems maintaining the flowerbed, please call our City office at (405) 671-2868 for support.

Del City is a great community because of you**!** Again, thank you for your time and effort; we look forward to working with you to keep Del City beautiful!

_____
Signature of Volunteer/Sponsor

_____
Address

_____
E-mail Address

_____
Phone Cell

_____
Signature, City Beautification Representative

Volunteer acknowledges that they are volunteers and are in no way considered to be employees of the City of Del City, volunteer will not hold the City of Del City or its appointed representative responsible in case of accident/injury or loss as a result of participation in the Adopt a Flowerbed Program.