

## **Cleanup Registration Form**

Coordinator Name(s):						
Hosting Business/Organization Name:						
Phone:	E-mail Address	E-mail Address:				
Date(s) of your Event:	Time of your E	Time of your Event (Start & End):				
Name of Event:						
Event Location Name & Address:						
City:	ZIP:	Count	y:			
Type of Event (litter pickup, recycling drive, beautif	ication efforts, etc.):					
Would you like your event added to our website's c	alendar of events?	l Yes □ No				
Please briefly describe your event:						
Estimated Number of Volunteers:  Shipping Address (where UPS can deliver):  City:  Do you prefer to pick up supplies at our Little Rock	ZIP:					
Supplies: Please select which supplies below you'd Please note: requests will be fulfilled on a first-come, fir soon as possible, at least 3 weeks in advance. Supply	d like to request for your rst-serve basis, based on a requests received less tha	<b>event.</b> available invento n 14 business d	ry. Please reg	gister your ever	nts as e fulfilled.	
☐ T-Shirts: Please select size requests, if known:	Small Mediu	ım Large	X-Large	2X-Large	3X-Large	
In consideration for materials and support received cleanup event. I also agree to <i>submit our final wrap</i> -last scheduled event, so that our event totals can be	up report to the Keep Art	kansas Beautif	ul office with	in 10 days follo	owing our	
Signatura	Data					

Please return this form to: Keep Arkansas Beautiful, One Capitol Mall, Suite 4A-007, Little Rock, AR 72201 ATTN: Robyn Taylor; or email to keeparbeautiful@arkansas.com.