U OF A ADOPT A PLANTER
Agreement

Planter will be adopted by: Individual _____ Group_____

Name: ___________________________________________ Staff ID#: ______________________
Department: _______________________________________ Campus Address: __________________________
Phone: __________________________ Fax: __________________________ e-mail: __________________________

SELECT OPTION: (See website for a complete list of responsibilities)

___ CARE FOR – the adoption of a planter or group of planters planted by Landscape Services.
  Responsibilities include weeding, dead-heading and general aesthetic maintenance of planter

___ CREATE FLORAL – purchasing plants or using those provided by the University/designing, planting, weeding, dead-heading, aesthetic maintenance of planter

___ CREATE EDIBLE – purchasing plants/designing, planting, weeding, dead-heading, aesthetic maintenance of planter

___ CREATE OTHER – please refer to the website for information on this option

SELECT LOCATION: (Please refer to Location List and indicate choice by location number) 1st choice: _____ 2nd choice: _____ 3rd choice: _____

Please note: Planter availability is first come, first served.

I agree to care for/create/maintain the requested planter as outlined by Landscape Services for the upcoming growing season.
Adopters signature: ____________________________ Date: __________________________

Send completed form by e-mail to org.health@ualberta.ca, send by fax to 780.492.0798, or by mail to: Adopt-a-Planter c/o Organizational Development, Equity, and Health, Human Resource Services, 2-60 University Terrace.
A representative from Human Resource Services will be in contact with you following the application deadline to discuss availability and location.

DEADLINE for Application is April 30th