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### BLITZ PROJECT REGISTRATION

#### Project Information

Project Date: \_\_\_\_\_ Project Times: \_\_\_\_\_

Project Location: \_\_\_\_\_

Type of Project:     Clean-up     Beautification     Clean-up & Beautification

Please describe your project: (ex. Clean up both alleys of 4600 Shenandoah)

\_\_\_\_\_  
\_\_\_\_\_

.....

#### Contact Information

Project Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

.....

#### Volunteer Information

Number of volunteers expected: \_\_\_\_\_

Please identify your source of volunteers: (check all that apply)

Neighborhood Residents     School or Church Group     Scout Troop

Business or Company     Court-Ordered Community Service     Other

Please list the name(s) of organization(s) providing volunteers: \_\_\_\_\_

\_\_\_\_\_

Is your project open to the public?     Yes, anyone can join us     No, only our volunteers are invited

On-site Volunteer Coordinator Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Volunteer Meeting Location: \_\_\_\_\_

Volunteer Parking Instructions: \_\_\_\_\_

Will refreshments be provided?     Yes     No    Will restrooms be provided?     Yes     No

Additional information or comments: \_\_\_\_\_

**TURN OVER TO REQUEST TRASH BAGS AND TOOLS**



*This activity is financed in part through an allocation of Community Development Block Grant funds from the Department of Housing and Urban Development and the City of St. Louis' Community Development Administration.*

## TRASH BAG AND TOOL REQUEST FOR BLITZ PROJECTS

The borrower must present a state photo ID at the time of tool pick-up. A minimum \$30.00 replacement fee will be charged to the borrower for each tool not returned by the tool return date.

### Tool Request Information

Date tools will be picked up: \_\_\_\_\_ Date tools will be returned: \_\_\_\_\_

*Tool pick-up hours are Monday through Friday from 8:00 a.m. to 4:00 p.m., except for holidays. Tools for weekend projects are typically picked up on Friday and returned the following Monday.*

Number of tools/supplies requested:    \_\_\_\_\_ TRASH BAGS                      \_\_\_\_\_ PAIRS OF GLOVES  
\_\_\_\_\_ FLAT-EDGE SHOVELS          \_\_\_\_\_ SPADE SHOVELS              \_\_\_\_\_ PUSH BROOMS  
\_\_\_\_\_ LEAF RAKES                      \_\_\_\_\_ HARD RAKES

*The number of trash bags and tools requested should reflect the size of your project area and the number of volunteers that will be working. For example, an alley clean-up with 10 volunteers may need 2 flat-edge shovels, 3 leaf rakes, 3 push brooms and 30 trash bags.*

### -----FOR OFFICE USE ONLY-----

	NUMBER BORROWED	NUMBER RETURNED	NUMBER BROKEN	NUMBER MISSING	NOTE/COMMENT
TRASH BAGS			NA	NA	
PAIRS OF GLOVES					
FLAT-EDGE SHOVELS					
SPADE SHOVELS					
PUSH BROOMS					
LEAF RAKES					
HARD RAKES					
OTHER—SPECIFY					

Tool Pick-up Date: \_\_\_\_\_ Tool Return Date: \_\_\_\_\_

Tool Borrower Name: \_\_\_\_\_ Tool Borrower Phone: \_\_\_\_\_

MO Drivers License or State ID Number: \_\_\_\_\_

I understand that I am responsible for returning all of these tools AND I will be charged a minimum of \$30.00 for each tool not returned.

BORROWER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_