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BLITZ PROJECT REGISTRATION

Submit your request using our online form at www.brightsidestl.org

Project Information

Project Date: _____ Project Times: _____

Project Location: _____

Type of Project: ___ Clean-up ___ Beautification

Please describe your project: *(ex. pick up litter in streets/alleys, plant flowers, pull weeds)*

Project Leader Name: _____

Organization: _____

Mailing Address: _____ Zip: _____

Email Address: _____

Best Phone # To Reach You: _____ Alternate #: _____



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

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.

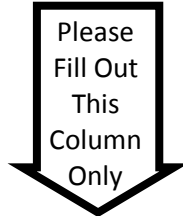
TRASH BAG AND TOOL REQUEST FOR BLITZ PROJECTS

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: _____

Pick-up on Fridays between 8:00 a.m. and 4:00 p.m. **Return on Mondays** between 8:00 a.m. and 4:00 p.m.
Help loading and unloading tools available from 3:00 p.m. to 3:30 p.m. only. For tool pick-ups/returns outside of these days/hours, please make special arrangements with Brightside. Brightside is closed on holidays.



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 1 roll of trash bags.

	NUMBER REQUESTED	NUMBER BORROWED	NUMBER RETURNED	NUMBER MISSING	NOTE/COMMENT
TRASH BAGS				NA	# of 30-count rolls
PAIRS OF GLOVES					Please wash before return.
FLAT SHOVELS					
SPADE SHOVELS					
PUSH BROOMS					
LEAF RAKES					
HARD RAKES					
HOES					
TROWELS					
RECYCLING CARTS					
LITTER GRABBERS					
OTHER—SPECIFY					

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: _____

How many volunteers participated? _____ **How many recycling carts were filled?** _____