

4646 Shenandoah Avenue St. Louis, MO 63110 314-772-4646 (phone) 314-772-7444 (fax) info@brightsidestl.org

## **BLITZ PROJECT REGISTRATION**

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

Project Information							
oject Date: Project Times:							
Project Location:							
pe of Project:Clean-upBeautification							
Please describe your project: (ex. pick	k up litter in streets/alleys, plant flowers, pull weeds)						
Project Leader Name:							
Organization:							
Mailing Address:	ing Address:Zip:						
Email Address:							
	hone # To Reach You:Alternate #:						
Volunteer Information	••••••••	••••••					
Number of volunteers expected:							
Please identify your source of volunte							
	School or Church Group	Scout Troop					
	Court-Ordered Community Service	Other					
Please list the name(s) of organization	n(s) providing volunteers:						
Is your project open to the public?	Yes, anyone can join us No. only our volun	teers are invited					

## TURN OVER TO REQUEST TRASH BAGS AND TOOLS



## 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 <u>each tool not returned by the tool return date.</u>

**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.						
Please make special a that Brightside is clos	_	_	for tool pick-u	ıps/returns ou	tside of these days/hours. Note	
	Please Fill Out This Column Only	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.				
	NUMBER REQUESTED	NUMBER BORROWED	NUMBER RETURNED	NUMBER MISSING	NOTE/COMMENT	
TRASH BAGS				NA		
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:	ver Name: Tool Borrower Phone:					
MO Drivers License or State ID Number:						
I understand that I ar \$30.00 for each tool i	-	or returning a	ll of these too	ols AND I will b	oe charged a minimum of	
BORROWER'S SIGNAT	_ DATE:					
RETURN SIGNATURE: DATE:					_ DATE:	
How many volunteers participated? How many recycling carts were filled?						