

# **SPRING CLEAN UP REGISTRATION FORM**

Please type or print legibly

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GROUP NAME

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CONTACT NAME

DAY PHONE

EVENING PHONE

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ADDRESS

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**EMAIL ADDRESS**

Return to: **City of Stafford-Permit Dept.,**  
**2610 South Main, Stafford, Texas 77477., Fax (281) 261-3939 or**  
**Save blank form to computer and then email completed form to:**  
**mfouts@cityofstafford.com**

***No later than April 1st***

Number of volunteers \_\_\_\_\_ Number of shirts needed \_\_\_\_\_  
Please select only adult size shirts

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2X \_\_\_\_\_ 3X \_\_\_\_\_

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**Please fill out the enclosed waiver and include  
it with your registration**

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## **Waiver**

I, the undersigned, hereby agree to abide by all the rules and regulations set up by the Code Enforcement Department of the City of Stafford, and further agree not to hold the City, the Department, its volunteers or staff responsible for any liability.

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_