

# ADOPT-A-POST 2021 RESERVATION FORM



Mail this completed form, IPEP Volunteer Roster form, and payment to Rediscover Martinsville, P. O. Box 1123, Martinsville, IN 46151. You will be contacted by email about your assigned lamp post and be given further instructions. **Questions?** Please call Adopt-a-Post director Laura Elliott at 317-417-3626 or email [laura.elliott@intelli-leap.com](mailto:laura.elliott@intelli-leap.com).

**DEADLINE:** Reservation form, IPEP Volunteer Roster form and payment **must be received by 4:00 p.m. on Friday, October 8th, 2021.** Note: This is not a postmark deadline. **This deadline will be strictly enforced, and the application will not be accepted without payment, Reservation Form, and IPEP Volunteer Roster.**

Participating Individual, Business, Group or Organization					Date
Contact Person	Cell Phone		E-Mail		<b>REQUIRED</b>
Complete Mailing Address					
Quantity Lamp Posts Requested	Total Due \$25 per lamp post		Total Paid		
Indicate what message you want on your sign. [Six word limit]:				[ ] Use message from previous year	
Circle what you want the city sign to say: Merry Christmas or Happy Holidays					
For Rediscover Martinsville use only: Check or Money Order Check #: _____ Volunteer Roster Signed?: Y or N					
Post #	Post #	Post #	Post #	Post #	Date paid Initials

**Liability Waiver:** Rediscover Martinsville, the City of Martinsville, Morgan County, the Greater Martinsville Chamber of Commerce and downtown business and property owners will not be responsible for injury or vandalism or loss of decorations. This is a community-spirited project for the benefit of the entire community. Decorations are expected to be family friendly and otherwise in good taste. By participating, you agree to behavior that is appropriate to the season of goodwill and generosity. Decorations deemed inappropriate will be removed. **Initial:** \_\_\_\_\_

**Make Check or Money Order payable to: Rediscover Martinsville.**

**Covid-19:** All volunteers decorating the posts must abide by current Covid-19 social parameters when participating in this program. As the organizer for this post, I will make sure we abide by current Covid-19 parameters. **Initial:** \_\_\_\_\_

**Agreement:** By signing below, I agree that I have read and understand the requirements and will follow them.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Submission Check List:** I have included:

[ ] Fully completed Reservation form [ ] Fully completed IPEP Volunteer Roster form [ ] Payment.

**MAP of LAMP POSTS**

		<b>Sycamore St</b>													
		43	44					55							
		42	45					54	56						
		41	46					53	57						
		40	47					52	58		<b>CITY HALL</b>				
37	38	39	48	49	50	51	59	60	61	62					
		<b>Jefferson St</b>													
<b>Pike St</b>	36	35	34	82	83	84	67	66	65	64	63				
			33	81	<b>COURT HOUSE</b>		85	68			<b>LIBRARY</b>				
			32	80			86	69							
	<b>NORTH</b>		31	79			87	70			<b>SOUTH</b>				
			30	78			88	71							
	27	28	29	77	76	75	72	73	74						
			<b>Main St</b>												
26	25	24	16	15	14	13	4	3	2	1					
		23	17					12	5		<b>POST OFFICE</b>				
		22	18					11	6						
		21	19					10	7						
		20	20					9	8						
		<b>Mulberry St</b>													