GROUP #_____

# PARTICIPANT ROSTER

VOLUNTEER GROUP:_____

GROUP LEADER: _____

| DATE | PARTICIPANT NAME (Please Print) | HOURS WORKED | | |
|---|---|---|---|---|
| | | START | END | TOTAL |
| | | | | |
| | | | | |
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TOTAL BAGS COLLECTED: _____ TOTAL HOURS WORKED: _____

POUNDS RECYCLED: _____ NUMBER OF MARKED ITEMS: _____

DESCRIPTION OF MARKED ITEMS: _____

LOCATION OF LITTER BAGS: _____

*PLEASE RETURN COMPLETED LIST WITHIN 5 CALENDAR DAYS AFTER EACH CLEAN-UP TO:*

**ADOPT-A-ROAD**
**DOUGLAS COUNTY SOLID WASTE PROGRAMS**
**140 19TH ST. N.W. EAST WENATCHEE, WA 98802**