



FRIENDS of the
BLUE RIDGE
PARKWAY

FRBP Adoption Application

State the name of the Overlook, Trail or Cemetery

milepost number _____

Name of Adopting Individual or Group Leader:

Mailing Address:

City/State/Zip:

Phone:

Email:

Group Name (if applicable):

Do you agree to the Adopt the Guidelines for adoption found at www.friendsbrp.org ?

RETURN THIS FORM TO: Friends/BRP, PO Box 20986, Roanoke VA 24018

Thank you for applying to Adopt a piece of Blue Ridge Parkway!

FRIENDS of the Blue Ridge Parkway
Please contact FRIENDS if you have questions
800-228-7275 Staff@FriendsBRP.org

Privacy Act Statement

Following information is provided to comply with the Privacy Act (PL 93-579). 5 USC 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.