

## **AARS Application**

School Information:		
School Name:		
School Address:		
School Phone:		
Participating Teachers:		
Name:		Grade:
Email:	Subject:	
Name:		_ Grade:
Email:	Subject:	
Name:		_ Grade:
Email:	Subject:	
Have you taken Field Trips to the Chicago River before	?	
If Yes, for how many years? and have you ev	ver done River monitoring?	☐ Yes ☐ No
	Service-learning?	☐ Yes ☐ No
If there is a site you are interested in adopting please list	t it here:	

Please return completed form to:

Mark Hauser Friends of the Chicago River 411 South Wells St., Ste 800 Chicago, IL 60607 Fax: (312) 939-0931

mhauser@chicagoriver.org