

DELAWARE TOWNSHIP IS A NJ CLEAN COMMUNITY!

Join the Environmental Commission's

2021 – 30th Anniversary

MARCH ON LITTER

QUESTIONS: Kathy Klink, 609-397-3240, ext. 208; kklink@delawaretwpnj.org

Saturday, October 9, 2021

8:30 a.m to 11:30 a.m. – RAIN OR SHINE

Imagine 60 to 80 school-aged children, from grades 4 through 12 and beyond, getting up and out on a Saturday morning to pick up roadside litter! This is exactly what has happened for the last 30 years during the annual **March on Litter!** The students have picked up litter on different roads throughout the Township, ranging in length from 3 to 5 miles, for a total of about 20 miles.

If you cannot attend, but would like to clean your own road, contact us for a road kit, including much of the same stuff!

Please let us know what questions you have or if you want to participate.

Contact information: Kathy Klink, 609-397-3240, ext. 208 or kklink@delawaretwpnj.org.

All participants will be provided with gloves and garbage bags,
an *Official* MARCH ON LITTER tee-shirt,
drawstring bag, and a breakfast snack!

Dress appropriately – LONG pants, sturdy shoes; BRING YOUR OWN Water Bottle

→Come with a mask for the transportation on the bus!←

Starting and ending at the Dilts Park,

Preregistration is required, with limited numbers accepted.

Bring your permission slip to Delaware Township School, as shown below.

Grade Level	RETURN YOUR SLIP TO	Arrive at Dilts Park at
8 th Grade	Ms. McShane	8:30
7 th Grade	Mrs. Hardy	8:45
6 th Grade	Mrs. Bennett	9:00
5 th Grade	Ms. Blair	9:15
4 th Grade	Ms. Wheatley	9:15
Overflow and LATE comers	Dilts Park	9:30
K-3	Homeroom teacher, who will submit to office (Thanks!)	9:45 WITH A GUARDIAN, In groups no greater than 4 students

Roads on the “marching” list –

Locktown Sergeantsville
Locktown Flemington
Whiskey Lane
Sandbrook Headquarters
Lambertville Headquarters
Sandy Ridge Road
Buchanan Road
Route 604

Sponsorship

The March on Litter Day will also serve as a community group fund-raiser. See the registration form or ask at the Pavilion.

Sponsored by

NJ Department of Environmental Protection –
Clean Communities Program
Delaware Township Environmental Commission

(some revisions may occur to road list)

PERMISSION SLIP AND WAIVER

→ MUST BE RETURNED BY OCTOBER 6, 2021 ←

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I understand that participation in Township Volunteer Work and Trail Work involves activities which pose a potential risk of personal injury. Some examples of these activities include handling sharp or heavy trash; working outdoors in weather that can turn unexpectedly hot, cold, windy, or stormy; and walking on surfaces which can conceal sharp or hazardous objects. I/We assume all risks associated with participation in the program and hereby for myself, my heirs, executors and administrators waive and release Delaware Township, its governing body, officers and employees; and the State of New Jersey from all claims, liability, risk of loss or injury and damages of any kind including wrongful death associated with or arising out of my/our participation in the proposed volunteer work. I certify that I have reviewed and understand the Safety Guidelines. I understand that while those materials contain instructions intended to protect me from injury, even my full compliance with those instructions will not guarantee that no injury will occur. I do NOT give permission to use any photos of myself or my child taken during this program for publicity or program literature: _____

→ MUST BE RETURNED BY OCTOBER 6, 2021 ←

Student name _____ DTS grade/HR _____
K-3 students must be accompanied by a parent/guardian – no more than 4 children per adult, with a waiver form for each child, signed by that child's parent/guardian.

Parent/Guardian name _____ signature _____
Please make sure that all attending are dressed appropriately – sturdy footwear, layers, long pants, etc.

Best contact number - _____
(PLEASE PRINT CLEARLY)

We need chaperones! Plan to arrive at Dilts at 8:00 a.m. to chaperone!
_____, Please check here if you wish to chaperone and select your group below, *for sponsorship*.

Chaperone NAME: _____

Best contact number _____

Please make sponsorship contribution to (when chaperoning):

_____ Scouts – Girl or Boy (Circle one),

Other, please name: _____

_____ Troop # _____

_____ DTS PiE – School support organization

_____ 4-H, group name _____

Please provide contact and address for group you wish to sponsor, below: