Hello welcome to City of Chisago's Adopt a Cabin information page.

Adopting one of our 19 cabins is one way you or your organization can help contribute to your community.

Your commitment will involve establishing improvements to cover current and future needs of each cabin assigned. The ultimate goal being rental for the public, in the hopes that this will create ongoing revenue and help establish maintenance funding for future needs of the park.

Please keep in mind that some cabins need more work than others, so please choose accordingly.

Cabins will be assigned to organizations, businesses, or families by the Chisago City staff based on date of application, experience with spectrum of work needed to be done and size of group vs. size of cabin.

If you have a choice as to which cabin you may wish to adopt, please indicate the appropriate name below name below. Also, list two alternate cabins in case your first choice is not available.

CABIN CHOICE:

#1.________________________________________________________
#2.________________________________________________________
#3.________________________________________________________
GENERAL INFORMATION:

- All work must be scheduled through City of Chisago staff.
- Projects may range from simple maintenance and a variety of repair and home improvement tasks to remodeling and renovation.
- A list of the cabins with the projected costs will be listed below.
- All furnishings must be approved by City of Chisago staff prior to installation or donation.
- You will receive a tax deduction.

RECOGNITION:

- A plaque located in the cabin will recognize the sponsor of the cabin.
- All sponsors will be recognized quarterly in our Town Topics newsletter.
- Other commemorative honors may be established according to the scope of projected work.

RENEWEL:

- Letters to sponsors will be mailed annually with an update on the needs, it will then be the sponsor’s choice to either renew the sponsorship or pass.

- Adoption requires the expenditure for some project to meet the identified needs of the structure or a nominal donation to offset routine maintenance costs for the facility. This will be done by a “per cabin” basis.
NAME OF FAMILY/ORGANIZATION: ________________________________________________

MAIN CONTACT PERSON: ________________________________________________________

ADDRESS:_____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

HOME PHONE NUMBER: ________________________________

WORK PHONE NUMBER: ________________________________

CELL PHONE NUMBER: ________________________________

EXPERIENCE/SKILLS THAT MAY BE APPLIED FOR CABIN WORK:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

____________________________________

When are you available?

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

NUMBER OF VOLUNTEERS ASSISTING YOU: ______

IF YOU WOULD RATHER CONTRIBUTE A ONE TIME FEE AND HAVE US DO THE WORK YOU
MAY CHOOSE THIS OPTION, PLEASE WRITE REQUEST DOWN.

MORE DETAILED FINANCIAL STATIS MAY BE REQUIRED DEPENDING UPON CHOICE OF
BUILDING AND MAGNATUDE OF COMMITMENT REQUESTED.