

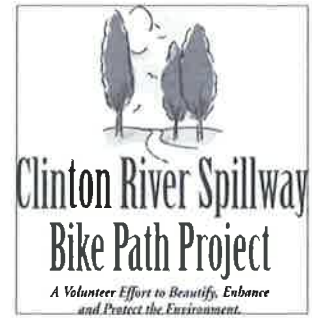


Michigan State University Extension, Master Gardeners  
Macomb County Public Works  
And the Charter Township of Clinton

Invite you to participate in the:



# Clinton River Spillway Bike Path Project



*An award winning volunteer effort to beautify, enhance and protect the environment*

## 2013 Project Days

<p><b>Saturday, May 18</b> Spring cleaning &amp; planting Co-sponsored with Clinton River Watershed Council "River Day"</p>	<p><b>Saturday, July 20</b> Summer maintenance</p>	<p><b>Saturday, Sept. 21</b> Fall clean-up &amp; plant division Co-sponsored with Clinton River Watershed Council "River Clean up"</p>
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- Time:** The schedule for all 3 workdays is: 8 am- registration, 8:30 - education, 9:30 to 3:30 –gardening/cleanup.
- Location:** Northwest corner of Harper and Wellington Crescent in Clinton Township.
- Bring:** Weeders, rakes, shovels, pruners, sunscreen and smiles!
- Contact:** Macomb MSU Extension (586)469-6440

***Students can receive community service credits!***

*For more project info: [www.macombcountymi.gov/msuextension/mgbikepathproject.htm](http://www.macombcountymi.gov/msuextension/mgbikepathproject.htm)  
For free environmental education programs contact- Macomb County Public Works: (586)466-4016  
For the Clinton River Watershed Council "River Day" and "River Cleanup" project info: [www.crwc.org](http://www.crwc.org)*

MSU is an affirmative action/equal opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status, or veteran status.

### Registration Form

Name: \_\_\_\_\_ Master Gardener?  Y  N

Mailing Address: \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Teacher or Student? \_\_\_\_\_ School Name: \_\_\_\_\_

Community Service Project Name \_\_\_\_\_

I want to register for the:  Spring  Summer  Fall Project

I agree to work on this project at my own risk and to hold all organizing parties and local authorities harmless:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:**  
MSUE/Bikepath  
Project  
21885 Dunham Road,  
Suite 12  
Clinton Township  
48036  
*Or*  
*bring with you on*  
*project day.*