

**Litter Pick / Clean Up Resource Request and Feedback Form**

Name of School: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Tel No: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Date(s) of Clean Up(s) : \_\_\_\_\_

Requested time and place for uplift of rubbish collected (if required):

\_\_\_\_\_

Estimated number of participants \_\_\_\_\_ Adults \_\_\_\_\_ Children  
Age range or Class \_\_\_\_\_

**Resources required:**

*Adults Litter Pickers* \_\_\_\_\_

*Child Litter Pickers* \_\_\_\_\_

*Tiny Litter Pickers* \_\_\_\_\_

*Men's Gloves* \_\_\_\_\_

*Ladies Gloves* \_\_\_\_\_

*Children's Gloves* \_\_\_\_\_

*Black bags* \_\_\_\_\_

*Handihoops* \_\_\_\_\_

*Adults tabards* \_\_\_\_\_

*Childrens tabards* \_\_\_\_\_

**After your litter pick**

**Amount of general litter collected:** \_\_\_\_\_ bags or \_\_\_\_\_ kg

**Amount of recyclable litter collected:** \_\_\_\_\_ bags or \_\_\_\_\_ kg

**Any comments about your litter pick**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete and return to the Litter Education Support Officer**