

GATEWAY AREA DEVELOPMENT DISTRICT

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Recreation & Wellness

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Please identify if the following can be found at the specified location:

Basketball: *Yes/No*

Baseball: *Yes/No*

Softball: *Yes/No*

Soccer: *Yes/No*

Tennis: *Yes/No*

Walking Path: *Yes/No*

Playground: *Yes/No*

Exercise Equipment: *Yes/No*

Equistrian: *Yes/No*

Shelter: *Yes/No*

Amphitheatre: *Yes/No*

Pool: *Yes/No*