Third Places Submission

1 About the space

Name of space: Click or tap here to enter text.

City/community: Click or tap here to enter text.

Who primarily uses this space? (check all that apply)

- Youth ☐
- Young adults ☐
- Families ☐
- Adults ☐
- Tribal communities ☐
- Other: Click or tap here to enter text.

Type of space (check all that apply):

- Library ☐
- Youth center ☐
- Recovery café / peer space ☐
- Community center ☐
- Park / outdoor space ☐
- Tribal or cultural gathering space ☐
- Other: Click or tap here to enter text.

2 Why it matters

In 2-4 sentences, describe how this space supports connection, belonging, or well-being.

Click or tap here to enter text.

What makes this space special or impactful in the community?

Click or tap here to enter text.

3 Sharing permissions and submit form

Do you give permission for this submission to be shared in communications (web, newsletter, social media)?

- Yes ☐ No ☐

Contact information (optional)

Your name Click or tap here to enter text.

Organization Click or tap here to enter text.