



VILLAGE OF HARRISON HOT SPRINGS

MEMORIAL BENCH SPONSORSHIP FORM

NAME: _____ ORGANIZATION: _____
(if applicable)

EMAIL: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

MEMORIAL BENCH REQUEST IN HONOUR, RECOGNITION, OR MEMORY OF (Not applicable for tenure renewals):

(NAME OF DECEASED INDIVIDUAL)

PLAQUE INSCRIPTION

Size: 10"w x 3"h Maximum Printable Size: 7"w x 2.5"h

Name of Dedication

Jan 1, 1940 - Jan 1, 2020

"Quote or phrase here"

← Name (Font size: 53pt
Maximum characters: 22, Space included)

← Line 2 (Font size: 39pt
Maximum characters: 30, Space included)

← Line 3 (Font size: 27.5pt
Maximum characters: 25, Space included)

Program Costs:

Item Description	Cost	Quantity	Total
Bench (includes one plaque)	\$ 3,000		
Additional Plaques	\$ 275		
Total:			\$

I/We agree to purchase a Memorial Bench and engraved plaque in accordance with the Memorial Recognition Policy 1.30 for placement on public land. I/We agree that it is the responsibility of the purchaser to update the Village with any contact information changes.

Signed: _____

Date: _____

Office Use:

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____

RECEIPT NUMBER: _____ LOCATION ASSIGNED: _____

COMMENTS/CONDITIONS: _____

DATE INSTALLED: _____ TENURE END DATE: _____

APPROVING MANAGER

DATE OF APPROVAL