



MEMORIAL BENCH PROGRAM APPLICATION

Required Information:

1. Name of Applicant: _____
2. Telephone Number: _____
3. E-mail Address: _____
4. Mailing Address: _____
5. Please select the style of bench you wish to purchase:
Metal - \$1,800.00 _____ Wood - \$600.00 _____
6. Plaque Information: Standard – 25 word limit - example

**In Memory of
John Smith
1927 – 2007**

Lovingly remembered by Sally, James and Laura

7. Customized Plaque: Any plaque exceeding 25 words or with designs or patterns.
Entire cost the responsibility of the applicant.

8. Bench Location (to be selected in consultation with the Town of Wainwright):

9. Applicant's Signature: _____ Date: _____

10. Town of Wainwright Approval: _____ Date: _____