



MEMORIAL TREE PROGRAM APPLICATION

Required Information:

1. Name of Applicant: _____
2. Telephone Number: _____
3. E-mail Address: _____
4. Mailing Address: _____
5. Order Date: _____

6. Please select the appropriate species of tree you wish to purchase:

- Shaughnessy Cohen Flowering Crab
- Dropmore Linden
- Blue Colorado Spruce

- All species are \$425 / taxes included
- 20-year tree growth guarantee
- 20-year maintenance free guarantee on inscription plate and mount
- Soil conditions may predetermine tree species

7. Your preferred inscription plaque information: Standard – 25 word limit

(Example)
Tree Planted In Memory of
John Smith
1927 – 2007
Lovingly remembered by Sally, James and Laura

8. Customized plaque: any plaque exceeding 25 words or with unique designs/patterns.
(Cost of this customized plaque is the responsibility of the applicant.)

9. Tree location in greenspace (to be selected in consultation with the Town of Wainwright):

10. Applicant's Signature: _____ Date: _____

11. Town of Wainwright Approval: _____ Date: _____