



Commemorative Bench Sponsorship Program Application

Name _____ Phone _____

Address _____ Email _____

City, State, Zip _____

1. Sponsorship Information – Bench Standard 1 ____ or 2 ____

2. Park Location – Park Name: _____ Bench Location _____
(Refer to Staff for Current Availability)

3. Proposed Text for Plaque: 3 rows, 24 characters (punctuation and spaces included).

Please provide your desired text—written exactly how you would prefer it to read. The plaque manufacturer may suggest changes to improve readability. Corrections or changes may result in added fees or delays in installation. The City reserves the right to approve all content.

Line 1: _____

Line 2: _____

Line 3: _____

4. Payment: Once the application has been submitted, City staff will contact applicant for next steps in processing their payment.

5. I have been given and read, fully understand, and agree to abide by the Commemorative Bench Sponsorship Program Description. My signature below indicates that I have read this document in its entirety, and I understand all the provisions provided in the Commemorative Bench Sponsorship Program Description.

Signature of Donor _____ Date _____

Printed Name _____

Additional Contact Information

Name _____ Relationship _____

Email _____ Phone _____