Memorial Program Application

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Name of person honored by memorial: _____

Type of memorial: ☐ Tree   ☐ Brick   ☐ Bench

Tree Options: ☐ Flowering ($250)   ☐ Non-Flowering ($200)

Memorial Ceremony requested: ☐ Yes   ☐ No

Preferred date and time of memorial ceremony: _____
　　　(Weekdays only between 8:00am – 2:00pm)

Brick Options: ☐ Lover's Lane ($200)   ☐ Veteran's Brick ($150)

　　　　　　　　☐ Dream Factory ($150)   ☐ Quilter's Brick ($150)

　　　　　　　　☐ Commemorative Brick ($150)

Bench Options: ☐ Park Bench   ☐ Riverfront/Downtown Bench

Market rates as of the purchase date, + $500 installation fee. Please call Paducah Parks and Recreation for current pricing.

***Please provide your engraving request on the lines below. Underline For bricks you may use up to 14 characters including spaces on up to 3 lines. For benches, you may use up to 50 characters, including spaces on up to 5 lines. Print or type exactly as you want your engraving to read, as changes after order will incur an additional fee.

_____
_____
_____
_____
_____

Donor's Agreement: I, the undersigned, agree to the terms and conditions in the City's Memorial Program. I understand that my participation in this program does not give me ownership over the purchased item and that all general maintenance of the item itself is the responsibility of the City of Paducah. I understand that replacement of this memorial due to damage caused by time, the elements, or an act of God is my responsibility. I hereby release the City of Paducah, Parks and Recreation Department, and each of their agents, vendors, contractors from any liability. This waiver includes any and all claims, whether caused by negligence or the action or inaction of any of the above parties. I understand the fees for this purchase are non-refundable and non-transferable. I hereby grant full permission to use any photographs, videotape, motion pictures, website images, recording, or any other record of this event for future advertisement and/or reporting of this program.

Print Name: _____ Signature: _____

Date: _____

For Office Use Only: Date Recv'd: _____   Paid by: _____Cash _____Check (#) _____Credit/Debit

　　　Ordered ☐   Received ☐   Installed ☐   Notified ☐

Additional Notes: _____