Date of Memorial Picnic	Table Application
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Applicant Details:

Full Name

Address		
Email		
Telephone	Mobile	

Please notify us of any change of address so we can contact you if we need to.

Name of person for dedication

Choose one for engraving on picnic table

In Loving Memory of	

OR In Memory of

Date_____

I have read and understood all the terms and conditions regarding memorial picnic tables and accept them in their entirety.

Signed_____

Print_____

For Office Use Only

Application approved	
Donation received	
Memorial picnic table built	
Memorial picnic table installed	