

## 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 celebration: \_\_\_\_\_  
(Weekdays only between 8:00 am-2:00 pm)

Brick Options:      Commemorative Brick (\$150)      Veteran's Brick (\$150)  
                          Quilter's Brick (\$150)                       Lover's Lane Brick (\$200)  
                          Dream Factory Brick (\$150)

\*\*\*You may use up to 14 characters per line, including spaces. Limit 3 lines. Print or type exactly as you want your brick to be produced as changes after order incur a \$25 penalty fee.\*\*\*

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Bench Options:      Park Bench                       Riverfront/Downtown Bench

\$500 + market rates as of the purchase date. Please call Paducah Parks & Recreation at 270-444-8508 for current pricing.

Purchaser'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 Parks and Recreation Department. 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 and 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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail completed form to: Paducah Parks and Recreation, 1400 HC Mathis Drive, Paducah, KY 42001 or email to [mwurth@paducahky.gov](mailto:mwurth@paducahky.gov).

Date Recv'd: \_\_\_\_\_ Paid by: \_\_\_ Cash \_\_\_ Check (#)     Ordered      Received      Installed      Notified

Additional Notes: \_\_\_\_\_