

# Commemorative Program Application



## APPLICANT INFORMATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

## SELECT OPTION



**Option 1:** Rocking Chair: \$500.00  
Rocking chairs will be placed at  
Sawnee Mountain Preserve Visitor  
Center

Chair Plaque Example:  
*2 lines*

In Honor of  
John Smith



**Option 2:** Bench: \$ 2000.00  
*Select location:*  
\_\_\_\_ Central Park  
\_\_\_\_ Chattahoochee Pointe Park  
\_\_\_\_ Fowler Park  
\_\_\_\_ Lanierland Park  
\_\_\_\_ Matt Community Park

Bench Plaque Example:  
*3 lines*

Company Name  
Proudly supports  
Fowler Park

## PLAQUES

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. *FCPF reserves the right to approve all content.*

### Rocking Chair

Proposed text for plaque: 2 rows

First line (select one): \_\_\_\_ In Honor of \_\_\_\_ In Memory of

Second line, 18 characters (punctuation and spaces included)

### Bench

Proposed text for plaque: 3 rows, 18 characters (*punctuation and spaces included*).

**CONDITIONS**

- Upon approval of this application, Forsyth County Parks Foundation will contact you for payment. The Forsyth County Parks Foundation is a tax-exempt charitable organization. Please make checks payable to: Forsyth County Parks Foundation
- Forsyth County Parks & Recreation Department (FCPRD) assumes full ownership of dedicated items. All items are maintained by staff according to park operation standards.
- Commemorative items will remain in place for the duration of the structure’s lifespan. At the end of this period, FCPRD may, at its own discretion remove the item. FCPF will contact the donor regarding replacement costs.
- Commemorative items shall not be decorated, landscaped or personalized without prior approval.
- Special maintenance requests for commemorative items will not be granted unless there is a safety concern or damage.
- If a commemorative item is vandalized or damaged by an act of God, FCPRD will make every effort to repair the item within the limits of its available funding. If the item cannot be repaired or replaced and if the item is a hazard or is unsightly, FCPRD may remove the item.
- Any commemorative plaque or item which is installed without the approval of FCPRD may be removed at the expense of the party who installed the item or plaque.
- FCPRD reserves the right to relocate the item for safety, environmental, or land management reasons. If this occurs, the donor will be notified by FCPF of the new location of the item.
- Installation requires an estimated 3 months but may take longer due to unforeseen circumstances.
- Bench plaques will be cast bronze, all weather, permanently installed on the frontside of the bench. Size will be 8” X 2” with up to three lines of text and 18 characters/space per line. Only one plaque per bench.
- Rocking chair plaques will be a silver metal plate installed on the backside of the chair. Size will be 4” x 2” with two lines of text where the first line will read “In Honor of” or “In Memory of” and the second line will read the person(s) name up to 18 characters/space. Only one plaque per chair.
- The FCPF has final approval of all script, font style, font size, location, size of plaque, and content of commemorative messages placed on plaques.
- Plaques are not intended to serve as a memorial marker; birth and death dates are not encouraged. Messages should be simple statements recalling the event or person(s) recognized.
- For damaged plaques, FCPF will contact the donor for replacement costs.

I have read, fully understand, and agree to abide by the commemorative bench program conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT TO:**

Forsyth County Parks Foundation  
Email: [info@forsythcountyparks.org](mailto:info@forsythcountyparks.org)  
Mail: PO Box 2031, Cumming, GA 30028

**For Office Use Only**      \_\_\_ Approved    \_\_\_ Denied

FCPF Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check number: \_\_\_\_\_ Date received: \_\_\_\_\_

Installation date: \_\_\_\_\_

Exact location: \_\_\_\_\_