

MEMORIALS DESIGNATION FORM

Name: _____

Address: _____

Phone(s): _____

E-Mail: _____

In Memory of: _____
(if applicable)

Relationship: _____
(if applicable)

Park or Facility: _____
(if applicable)

Text for Memorial Bench Plaque:
(if applicable – can use back if needed)

Acknowledgement Letter to be sent to:

Relationship of person receiving Acknowledgement Letter to person / pet being memorialized:

Memorial Selection(s) - Please check appropriate box(es):

- Tree & Nameplate for Memorial Plaque (\$500)
- Rosebush & Nameplate for Memorial Plaque (\$500)
- Contour Bench (with backrest) & Bench Plaque (\$1,000)
- Trailside Bench (seat only) & Bench Plaque (\$1,000)

Return completed form to:

JCPRD/PGC Division
7900 Renner Road
Lenexa, KS 66219
(located inside the JCPRD Administration Building
inside Shawnee Mission Park, if hand delivering)
or E-mail to: Linda.johnson@jocogov.org

