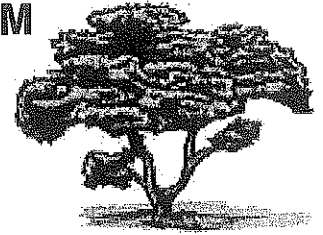




TOWN OF WAINWRIGHT MEMORIAL TREE PROGRAM APPLICATION



Required Information:

Name of Applicant: _____ Telephone: _____

E-mail Address: _____ Order Date: _____

Mailing Address: _____

1. Please "tick" the appropriate species of tree you wish to purchase:

- Shaughnessy Cohen Flowering Crab
- Dropmore Linden
- Blue Colorado Spruce

- All species are \$425.00 / taxes included
- 20-year tree growth guarantee
- 20-year maintenance free guarantee on inscription plate and mount
- Soil conditions may predetermine tree species

2. Your preferred inscription plaque information: Standard – 25 word limit

(Example)
Tree Planted In Memory of
John Smith
1927 – 2007
Lovingly remembered by Sally, James and Laura

3. Customized plaque: any plaque exceeding 25 words or with unique designs / patterns.
 (Cost of this customized plaque is the responsibility of the applicant.)

4. Tree location in greenspace (to be selected in consultation with the Town of Wainwright):

5. Applicant's signature: _____ Date: _____

6. Town of Wainwright approval: _____ Date: _____