

APPLICATION FORM FOR MEMORIALS AND PLAQUES

INFORMATION TO BE COMPLETED BY PROPONENT

Date of application: _____

Name, address, e-mail address, and phone number of proponent:

Name of person/group to be honored and his/her/their affiliation/contribution to Raymond School District:

Inscription on brick/plaque:

School Board Approved Yes _____ No _____ Date of Action: _____

School Board Chair Signature _____

Documentation of any changes made after installation:
