

Barefoot Bay Recreation District 625 Barefoot Boulevard, Building "F" Barefoot Bay, FL 32976-9233 Phone 772-664-3141 Fax 772-664-1928

Gift and/or Memorial Request Form

In accordance to Item 3.5 Guidelines for Gift or Memorials located in Policy Manual

in accordance to item s	5.5 Guidelines for Gift of Memoria	als located in Folicy Manual
Donor Information (please list all)	
Name		
Street Address		
- (7)		
Town/Zip		
Telephone #	Alternate Phone #	E-mail address
In Memory of		
Description of Requested Gift/Mem	orial, including proposed loca	ation (may attach separate sheet)
	on District will make reasonat a memorial so that donors ma	ole efforts to contact the donor or their by replace the item. However, Barefoot
I acknowledge that I have read and Barefoot Bay Recreation District	agree to abide by Guidelines	s for Gift and or Memorials for the
Signature of Donor		Date
orginature of Borior	FOR OFFICE USE ONLY	
Memorial Name:	FOR OFFICE USE ONLT	Date
Approved By:		Date Approved
Memo:		