

Park Furniture Sponsorship Program

Parks and Recreation
88 Kipling Street SE
Medicine Hat, AB T1A 8E6
Phone: 403.529.8333
E-mail: parks@medicinehat.ca
www.medicinehat.ca

Name: _____ **Date:** _____

Address: _____

City/Province _____ **Postal Code** _____

Email: _____ **Contact Phone #** _____

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program or activity of the City of Medicine Hat. Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403.529.8234

Bench Dedicated to: _____

Inscription: _____

(Please print clearly, your inscription can be approximately 30 words)

Preferred Location: _____

Alternate Location: _____

Preferred Furniture Type: **Bench \$1070** **Table \$1275**

Signature

