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| **ICKLESHAM PARISH COUNCIL** | |  |
| **COMMEMORATIVE BENCH SCHEME APPLICATION FORM** |
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| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **I would like to donate a commemorative seat**  **With Arm Rests / Without Arm Rests (please delete as appropriate)**  I understand that the seat I will be donating will be in an area of my choice (subject to that area being available). However, the actual location/positioning of a seat within an area will be determined by Icklesham Parish Council in consultation with the donor.  **My area of choice is** | |
| I would like a stainless steel plaque affixed to the seat, inscribed with the following wording **PLEASE PRINT TEXT CLEARLY (MAX 150 CHARACTERS)** | |
| **Insert Message:** | |
| I understand and accept the terms and conditions as supplied.  **Signed: Date:** | |