



“Adopt A Bench” Application

Bench Type: New (\$1,500) _____ **or** Existing (\$1,000) _____ | Personal _____ Business _____ Non-Profit _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day: _____ Evening: _____

Cell: _____ Fax: _____ Email: _____

Website: _____

Desired Bench location: _____ (subject to availability)

(Message) 2 lines of text & 18 characters/spaces maximum per line

Line 1 – (In Honor of) _____ or (Family of) _____ or (Donated by) _____ “Check only one”

Line 2 - _____

Line 3 - _____

Brief Description of the meaning of the message:

Please submit application and payment to:

*Leesburg Recreation Complex
1851 Griffin Road
Leesburg, FL 34748*

Applicant Signature

By signing this application, you agree to all the terms and policies set forth.

Date

RAB Chair / Designee

Date

Recreation Director

Date



Office Use Only	_____	_____	_____
	Approved (Y/N)	Amt Paid	Date