

CALMAR RECOGNITION WALL PLAQUE REQUEST FORM



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Calmar.ca

Name: _____

Email Address: _____ Phone Number: _____

Please check requested symbol:



No symbol

DETAILS OF THE REQUESTED DEDICATION:

Please note three lines with a maximum of 20 characters per line, including spaces. All dedications will be approved by a wall representative before being ordered.

OFFICE USE ONLY

Approved by: _____ Date: _____
Wall Representative

Paid by: Cash Cheque

Received by: _____ Date: _____
Office Staff

Once filled out please email to info@calmar.ca