



Town of Olds



OLDS LIONS CLUB MEMORIAL FOREST

IN THE TOWN OF OLDS CEMETERY

APPLICATION FOR MEMORIAL TREE PURCHASE

Surname of Lion: _____ Given name(s): _____

Date of Birth: _____

Date of Death: _____

Home Lions Club: _____

Years of Service: _____

Sponsored by: (choose one)

a. Name of Lions Club _____

b. Name of Individual Lion _____

c. Name and Contact Information of Family Member _____

Date of Dedication: _____

Applicant Signature: _____

Signed at _____, this _____ day of _____ 20 _____

Tree Number (for internal use only): _____

Mail to: Olds Lions Club P.O. Box 3987 Olds, Alberta T4H 1P6