

MOORE COUNTY VETERANS MEMORIAL EVENT NOTIFICATION FORM

Name and Address of Organization/Group proposing event:

Date Proposed: _____ Time: *From:* _____ *To:* _____

Purpose of Use: (Specific Details) _____

Total number planning to attend event: (Estimate) _____

Contact Name and Address: _____

Telephone Number: _____ Email: _____

I certify that I am the authorized and responsible representative of the petitioning organization/group: that the above statements are true to the best of my knowledge; that I have received and read a copy of the policy governing the use of the Moore County Veterans Memorial; and that our organization/group will comply with the policies governing the use of the facilities and grounds. Notification is requested to ensure that no conflicting events are scheduled at the same time and that grounds are adequately prepared for the event.

Signature *Date*

For Official Use Only

Date Notification Received: _____

Date emailed to Veterans Memorial Board Members _____

*Conflict on Proposed Date: _____ YES _____ NO

County Notifications Sent:

Work Order for Property Management: _____

Sheriff's Office: _____

County Administration: _____

Email the completed form to Kelly Greene at kgreene@moorecountync.gov or mail it to her at Veterans Services Office, P.O. Box 905, Carthage, NC 28327. For questions or more information, call 910-947-3257.

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