

NAMING FACILITIES

CW  
(EXHIBIT)

The following forms are available for use by the District:

Exhibit A: Dedication of Plaque or Memorial Request — 1 page

Exhibit B: Facility Name Nomination Form — 1 page



EXHIBIT A

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
DEDICATION OF PLAQUE OR MEMORIAL REQUEST

Name of organization \_\_\_\_\_

Organization representative \_\_\_\_\_

Name of nominee \_\_\_\_\_

Title of nominee \_\_\_\_\_

School where nominee provided service \_\_\_\_\_

Years of service and capacity of service \_\_\_\_\_

Provide all other information and documentation about the nominee to be considered:

\_\_\_\_\_  
\_\_\_\_\_

Site proposed plaque is intended for \_\_\_\_\_

Language to go on plaque \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The plaque dimensions shall be \_\_\_\_\_ feet high by \_\_\_\_\_ inches wide by \_\_\_\_\_ inches deep.

The plaque shall be made of \_\_\_\_\_

Requested plaque erection date \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



EXHIBIT B

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
FACILITY NAME NOMINATION FORM

PERSON MAKING THE NOMINATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Has your nominee agreed to accept the nomination?  Yes  No  NA

Rationale for nomination \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME RECOMMENDATION

The name recommendation \_\_\_\_\_

Address (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_