



Application To Host The National Work Zone Memorial

Location

City, State: _____

Nearest Major Metropolitan Area: _____

Contact

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Host Organization

Organization Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Preferred Dates for Memorial Visit:*

1)

2)

3)

**Please include Month/Days/Year. The Foundation recommends a maximum 4-day visit, in order to focus community attention most effectively. The Foundation will do its utmost to make the Memorial available to your organization on the requested dates. However, scheduling and travel requirements may cause us to ask for patience or flexibility, so that we may satisfy the needs of as many prospective hosts as possible. You will receive confirmation of the visit and dates in writing. If the Memorial will be hosted in an ATSSA Chapter State and email will be sent to the ATSSA Chapter President of the host site information. Closer to your host date, you will receive a toolkit to assist you with your planning that includes: planning information and documents, public information and other related materials.*