



P.O. Box 707 Badin, NC 28009
Office; (704) 422-3470
www.badin.org

Please type or print legibly. Complete entire form until, END FORM, then indicate request on back page. All funds payable to Town of Badin by certified check or cash only.

Honoree Information

Name:
Phone:
Mailing Address:
Driver's License Number:
Date of Birth:
Current Address:

I, do hereby verify I am legally authorized to, and do allow Town of Badin to conduct a comprehensive background check on the honoree named above, and listed here: to screen for criminal records, as part of the standard application process for sponsorship or donation of items to be placed in public spaces or on public or municipally owned property. I swear and/or affirm the information provided is true and factual to the best of my knowledge. I understand Town of Badin Town Council reserves the right to deny any and/or all applications found to cause or support any detriment or disrepute to the public, public spaces, or the public trust. Town of Badin Town Council treats all applicants fairly, without regard to protected characteristics including, but not limited to, race, color, religion, sex, gender identity, national origin, age, disability, or genetic information.

Submit one individual's legal name requested for nameplate (maximum three names).

- 1. First:
2. Middle:
3. Last (include Jr. or Sr. if applicable):

***** END FORM *****

OFFICE USE ONLY

Accepted By:
Date of Background Check:
Completed By:
Recommended for Approval: YES NO
Approved by vote of Badin Town Council: YES NO

Please indicate clearly which item(s), and quantity or quantities of item(s) you wish to sponsor by marking the appropriate box(es) in the table below.

ITEM AVAILABLE FOR SPONSORSHIP	SPONSORSHIP PER ITEM	QUANTITY AVAILABLE	QUANTITY REQUESTED
	\$1,020	12	
	\$400	4	
	\$525	4	
	\$1,250	1	

LIST YOUR REQUESTED TOTALS

Item(s)	Cost Each	Quantity to Sponsor