

Memorial Wall Request Form

This is the formal request form to have the name of a loved one engraved on our memorial wall.

The information submitted on this form will be used for the engraving. Please double check your submission to ensure there are no errors. Names engraved on the wall must be that of a primary member/deeded member, their spouse, or co-owner (This does not include children of members). The membership must be in good standing at the time of death. Engraving may only be requested by immediate family of the deceased.

Name of the person requesting the engraving: _____

Contact E-mail: _____

Contact Phone Number: _____

Engraving information as it should appear on the wall (PLEASE PRINT):

First name: _____

Middle Initial: _____ (Not Required)

Last Name: _____

Birth Date (Month/Day/Year): _____

Date of Death (Month/Day/ Year): _____

City: _____ State: _____

Submit this form by printing it and mailing it to:

Captain's Cove Resort
ATTN: Memorial Wall
PO BOX 49
Gresham, WI 54128

OR

Email the form as a PDF or JPEG attachment to: captainscove@rocketmail.com

In the subject line of the email please use: Memorial Wall Request

Engraving normally takes place in the spring if there are a number of requests on file. Your request may not be engraved in the year requested if there are not enough requests on file. The engraving is paid for by the Memorial Wall Fund. Donations to the fund are welcomed at anytime, however we do use the proceeds from our annual "Walk for the Wall" event held over Memorial Day Weekend to cover this cost.

(Captain's Cove reserves the right to refuse an engraving request for any reason.)