



CARMICHAEL RECREATION AND PARK DISTRICT Patriot's Park Wall of Honor Guidelines

PURPOSE: The purpose of the “Wall of Honor” within Patriots’ Park is to provide a lasting monument to residents of the Carmichael Recreation and Park District who gave their life for their Country or Community.

Candidates for the “Wall of Honor” within Patriots’ Park must meet the following criteria:

- The individual gave their life for their Country or Community.
- The individual was a resident of the Carmichael Recreation and Park District (CRPD) or worked and served Carmichael.
- The individual must not have been convicted of a felony.

Nomination and timeline:

- CRPD relies on the community for nomination.
- Nominations will be accepted on an ongoing basis. The heroic act of great bravery, or courage can go back to 1945 (the inception of CRPD).
- Nomination may be submitted on the official nomination form or in a letter that contains all the pertinent information.
- Review committee consisting of: Members of the public safety community (*i.e. Police Department or Fire Department*), the military community, the community at-large, or CRPD staff, will make recommendations to the Advisory Board for approval.
- A public ceremony will be held yearly at Patriots’ Park.
- A registry with a brief “story” of each honoree of the “Wall of Honor” will be maintained on the District website.

Carmichael



**CARMICHAEL RECREATION AND PARK DISTRICT
Nomination Form for Wall of Honor Candidates**

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is to provide a lasting monument to residents of the Carmichael Recreation and Park District
who gave their life for their Country or Community.*

Candidate: _____

Date of Birth: _____ **Date of Death:** _____

Service Branch and Years Served: _____

Candidate Last Rank or Title: _____

Awards, Honors Received: _____

Length of Connection to the Carmichael Community: Please provide the number of years for all that apply.

☐ CRPD Residency: ____ years

☐ Carmichael Residency: ____ years

☐ Service or Employment in CRPD District and/or Carmichael Area: ____ years

How Candidate's Name Should Appear on Plaque if Approved: Please include any titles or rankings.

Names and Contact Information of Surviving Relatives:

In your own words, discuss your reasons/justification for making this nomination. Attach supporting documentation/information, such as but not limited to, photographs, newspaper articles, letters of commendation, obituaries, etc.

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Date: _____

Nominating Person or Group: _____

Address: _____

Phone #: _____ **Email:** _____