

The ADCC Queensland School Memorial Program

The ANZAC Day Commemoration Committee of Queensland is seeking to increase the number of memorial plaques located within Queensland Schools. Schools wishing to apply for a memorial plaque should consider the proposed site for the plaque. The memorial may be situated in the area of an existing flagpole or parade ground or set in a shady grove in the school grounds.

It is suggested that this memorial site be established in conjunction with the P&C and Students' Committees and/or local councils and/or local businesses. The site should be established by donation and self help.

A plaque which measures approximately 300 mm x 350 mm will be supplied by the ADCC as its contribution to the memorial. Numbers are limited and provision of plaques is restricted to schools who have not previously applied.

The format of the plaque is below.



**IN MEMORY OF THOSE WHO GAVE
THEIR LIVES IN DEFENCE OF OUR
COUNTRY**

*At the going down of the sun
and in the morning
We will remember them*

Their Name Liveth For Evermore

Dedicated YYYY



ANZAC DAY COMMEMORATION COMMITTEE

(Qld) Inc

ABN 46 457 412 054

Honorary Memorials Officer: Darryl Neild

PO Box 3246

STAFFORD QLD 4053

PH 07 3263 7118

FAX 07 3175 0608

Email: memorials.adcc@bigpond.com

SCHOOL MEM APPLIC

Application for

SCHOOL MEMORIAL PLAQUE

QUEENSLAND SCHOOLS ONLY

(Please note that every point must be addressed or applications will be returned)

School:

Address:

.....

.....*Post Code:*

Contact Person: *Position:*

Phone Number: *Fax Number:*

Email:

The Project: We wish to apply for a bronze memorial plaque to be affixed to a centerpiece rock in the school's ANZAC memorial garden

Support for ANZAC Appeal: Our school **does/does** not purchase ANZAC Day badges, books or poppies each year.

I confirm that this memorial garden will be the location of our ANZAC commemoration observances each year.

Photograph(s) of garden if completed:**No. of enclosures** ____

Or I undertake to supply a photograph of the completed memorial.

Signature: *Date:*

Please forward applications to the Honorary Memorials Officer at the address above