



**HOMETOWN HEROES BANNER PROGRAM
APPLICATION**

Name of Veteran: _____

Branch of Military: _____

Name of the Applicant: _____

Relationship of Applicant to Veteran being honored: _____

Applicant address: _____

Applicant Phone: _____

Applicant E-Mail Address: _____

Would the applicant like the banner provided to them at the end of the two-year display period?

Yes No

Photo Release Acknowledgement (If Applicable):

I hereby grant the Village of Manteno permission to use the attached photo in their Hometown Heroes Banner Program with the understanding that this photo or likeness may be used for the Village's promotional use. I assume all responsibility for providing accurate, true, and correct information regarding the veteran being honored on the banner.

Signature

Print Name

Date

Office Use

Payment Date: ___/___/___ Check # _____ Cash: ___ Charge: ___

Photo Provided: ___