



Hometown Heroes Banner Program

Town of Knox

P.O. Box 116

Knox, New York 12107

Hometown Heroes Banner Program Application

Please print legibly and provide accurate information.

Name of Veteran: _____

Branch of Military: _____

Rank: (optional) _____

Dates of Service: _____

Location of Service: _____

Name of Sponsor: _____

Relationship to Veteran: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Name of Sponsor as you would like it to appear on program information (ie: family name, organization or business name sponsoring banner) _____

Photograph:

- Enclosed
- Will email (must be high resolution/jpeg)
- Will drop off at Town Hall

Method of Payment:

- Cash
- Check (payable to Enterprise Print and Photo)

I grant permission to the Town of Knox to use the provided photo and above information in the Hometown Heroes Banner Program. I take full responsibility that all information provided is correct and accurate.

Signature: _____ Date: _____