

Strasburg Community Hometown Hero Application

Veteran Information:

Full name of the person in the photo: _____

Military Rank Abbreviation: _____

Branch of Military: _____

Military Status (SELECT ONE): _____ Active Duty _____ Veteran _____ Memorial

Available banner designs (SELECT ONE):



******Please double check that all information is printed clearly and spelled correctly******
Applicants are responsible for submitting accurate information as the banner will read as noted above. Once banners are printed, no changes can be made.

Applicant Information: Please use the best contact numbers for you.

Name of person submitting photo: _____

Relationship to Hometown Hero: _____

Phone Number: _____

Address: _____

Email: _____

I hereby grant and authorize Strasburg Borough permission to use the attached photo which includes a likeness of myself or of my relative in their Hometown Hero Banner program. If the photo is not of myself, I attest that I have the authority to grant this permission on their behalf. In addition, I take full responsibility that all information provided is accurate and grant Display Sales the right to exhibit, publish, and make use of the photo in marketing campaigns. I certify I have read and understand the above.

Signature

Date