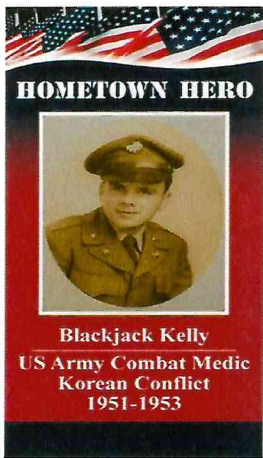


Hometown Heroes Banner Program



The Town of LaGrange is proud to offer this program to Honor and Thank LaGrange Town residents and families who have served or are currently serving our Country in a branch of the military.

The Town will facilitate production of the banner which will include the Veteran's picture (portrait or similar, no snapshots) name or nickname, branch of service & date of service. The Town will have final say on Banners content.

There is limited space so Banners will be rotated for a minimum of 2 years. Banners will be displayed on the LaGrange Town Center light poles on Route 55 between the 3 Roundabouts from Memorial Day to Veterans Day at which time they will be taken down and stored for the winter. Banners become property of the Town of LaGrange until the display period is complete. If requested on the application when banners are removed at the end of their display period, they will be provided to the applicant.

The Town is not responsible for replacing Banners that are stolen, damaged, or destroyed due to acts of nature or vandalism.

To qualify, an honoree must be:

1. A resident of the Town of LaGrange for 10 years.
2. Serving in active duty in the U.S. Army, U.S. Navy, U.S. Marines, U.S. Air Force, Army National Guard, Air National Guard, U.S. Coast Guard, U.S. Merchant Marine, Women Air Force Service Pilots, Or a Military Veteran (living or deceased) who has served in the U.S. Army, U.S. Navy, U.S. Marines, U.S. Air Force, Army National Guard, Air National Guard, U.S. Coast Guard, U.S. Merchant Marine, Women Air Force Service Pilots and has been honorably discharged.

TOWN OF LAGRANGE
HOMETOWN HEROES BANNER APPLICATION

Name of Veteran: _____

Branch of Service: _____

(U.S. Army, U.S. Navy, U.S. Marines, U.S. Air Force, Army National Guard, Air National Guard, U.S. Coast Guard, U.S. Merchant Marine, Women Air Force Service Pilots)

Actual Dates of Service by Year: _____

(example: 1938-1946) - (example: WWII or Viet Nam)

Name of Applicant: _____

Applicant Address: _____

Applicant Phone #: _____

Applicant Email: _____

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

YES

NO

The cost will be \$150.00 for a 30" X 60" Banner

PHOTO RELEASE ACKNOWLEDGEMENT

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

(print name)

(signature)

(date)

Once an application is complete and the photo has been obtained, the application may be submitted in person or mailed to the Town of LaGrange Highway Dept. 130 Stringham Road, LaGrangeville, NY 12540 ATT: Hometown Hero Program
Checks or money orders payable to: The Town of LaGrange.

Inquires or questions should be directed to the Town of LaGrange Highway Dept. By phone 845-452-2720 or emails listed below.

Michael Kelly mkelly@lagrangeny.gov
Cheri Salfelder csalfelder@lagrangeny.gov

TOWN OF LAGRANGE HOMETOWN HERO BANNER APPLICATION

NOMINEE INFORMATION

Full Name: _____
(as *I will appear on banner)

Branch of Military (circle one) Army Navy Air Force Marines Coast Guard National Guard

Military Rank: _____

Signature: _____
(Veteran must grant permission to be honored on a banner if currently living. Sign and date)

NOMINATOR INFORMATION

_____ (print contact name) _____ (relationship to veteran)

_____ (phone #) _____ (email)

_____ (address)

_____ (name of donor as it should appear on banner) (optional)

Please include photograph to be used on banner (Honoree in uniform with high resolution or good quality)

Photo Release: I hereby grant the Town of LaGrange to use the attached photo, which includes a likeness of myself or my relative, in the Town of LaGrange Hometown Heros Program.

I take full responsibility that all information provided about the serviceperson being honored is accurate and correct. *Must be signed by the Serviceperson, if living.

_____ (signature)

_____ (date)