Thomas Township Hometown Heroes Banners

Application Form

(BANNER COST IS $157.00)

First & Last Name of the Service Person:

Please print. _____

(Please print legible-spelling of service person's name. The banner will display the name taken directly from the application.)

HONOREE INFORMATION:

Branch of Service: _____ Rank:_____

Dates of Service: _____

Era of Service: *(ex. WWI, WWII, Korean, Vietnam Era..Etc.)*_____

Is service person a: Current_____or Prior_____Resident of Thomas Township.

Please tell us why you chose this person to honor (100 words or less): _____

_____

_____

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_____

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_____

SPONSOR INFORMATION:

Name: _____ Relationship to honoree: _____

Address: _____

Phone Number: _____ Email: _____

SPONSOR AUTHORIZATION:

RELEASE CONSENT:

I hereby grant Thomas Township and its affiliates permission to use the attached photo (which includes a likeness of myself or of my relative) to be used in the Hometown Heroes Program and any associated marketing of the program. In addition, I take full responsibility that all information provided about the servicemen and servicewomen being honored is accurate and correct. Further, I agree to allow Thomas Township to use the information, if provided, regarding the selection of your Honoree on the Township website, in the quarterly newsletter or any other Township printed/electronic media. It is understood that the Township reserves the right to display or not display the banners at their discretion

SIGNATURE: _____ DATE: _____

Cost of the banner is $157.00. Checks are payable to THOMAS TOWNSHIP. All bank fees and returned checks will be charged to the applicant and must be resolved before the banner is displayed. Mail or drop off to THOMAS TOWNSHIP OFFICE, 249 N. MILLER RD., SAGINAW, MI 48609.

- **Banner will not be ordered until full payment is received.**
- **NO REFUNDS will be provided for banners that have been ordered or printed.**
- **Thomas Township reserves the right to amend the program, cancel, or postpone the display of banners without notice.**
- **Sponsor assumes responsibility for all information provided including accuracy of military status, spelling of name, etc.**

_____

For Office Use:

Date Rec'd: _____   **Date of Payment: _____**

Amount Paid: _____   **Ck#/M.O.#/Cash: _____**