

# Kingsville Township Hometown Heroes Banner Program Application

Please print clearly

Full Name of Veteran \_\_\_\_\_

Branch of Military \_\_\_\_\_ Rank \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Relationship to Service Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Full Address \_\_\_\_\_

Email Address \_\_\_\_\_

Sponsor Name as you would like it to appear. i.e. family name, organization, or business.  
Limited to two names.

\_\_\_\_\_

Photograph: Enclosed \_\_\_\_\_ Will email photo \_\_\_\_\_ Will bring to Township Hall \_\_\_\_\_

Method of payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ (\$200.00 payable to Kingsville Township)

I will pick the banner up after Veterans Day Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby grant Kingsville Township permission to use the provided photo in the Hometown Heroes Banner Program. I take full responsibility that all information provided is correct and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or drop off the application, photo and payment to:  
Kingsville Township Hometown Heroes – 5890 Cemetery Rd, Kingsville, Ohio 44048

Call 440-224-3594 with questions