

## **HOMETOWN HEROES BANNER APPLICATION**

Name of person subm	nitting the application:			
Address:		City:	State:	Zip:
Phone:	Email:			
Relationship to Service	e member/veteran:			
Service member/vetera	an name:			
Military Branch:		Rank (if known)	Years of Service	e
Please circle one:	Active Service Member	Veteran	Killed in the line of duty	
posting and or social m	edia accounts. (Up to 125 words	s please)	t may be included on the Cambridge	
Photo Release: Photos of living individuals must be accompanied by a photo release signed by the person in the photo. If the individual is currently deployed and unable to sign the form, an electronic or hand written approval from the service member is acceptable.				
I hereby grant Cambridge Main Street permission to use the photo provided (which includes a likeness of me, my relative or person being sponsored) in Cambridge Main Street publications or website postings without payment or other consideration.				
Print name:		Signature:		
_		•	anners that are stolen, damaged or stalled banner will be handled at the	,

## FOR ADDITIONAL INFORMATION OR TO SEND APPLICATION

Applications maybe returned to:
Cambridge Main Street
Attn. Hometown Heroes Banner Program
123 Southgate Parkway
Po Box 713
Cambridge, Ohio 43725
director@downtowncambridge.com