

# Hometown HEROES

BANNER PROGRAM - APPLICATION



## A APPLICANTS INFORMATION

Your Full Name :   
(or Organization)

Relationship to service member :   
(if any)

Your Address :

Postcode :  City/County :

E-Mail :

Phone Number :

## B HOMETOWN HEROES INFORMATION

Full Name :   
(As displayed)

Military Service :  Air Force  Army  Coast Guard  Marine Corps  Navy  Space Force

Eligibility :  Active Duty  Retired  Veteran

Current McFarland Resident  Former McFarland Resident  Immediate family member of current McFarland Resident

Currently working for City of McFarland, McFarland Unified School District, a McFarland business, or a McFarland Special District

Special Request: Example: Purple Heart graphic, Sponsor's name, or KIA Note

Would you like the banner returned to you when not in display?  YES, I will resubmit banner when requested.  NO, the City may store the banner & re-display for observed holidays.

Applicant's Name

Applicant's Signature

### OFFICE USE ONLY:

PAID  Yes  No

GL CODE 01-140-48300-2543-1

LABEL Hometown Heroes - "HERO NAME"