

Hometown Hero Banner Application

Veteran Information:

Full name of the person in the photo: _____

Military Rank Abbreviation: _____ Dates of Service: _____

Branch of Military: _____ **DD 214 Number or Equivalent:** _____

Military Status (SELECT ONE): _____ Active Duty _____ Veteran _____ Memorial _____

****Please double check that all information is printed clearly and spelled correctly**** Applicants are responsible for submitting accurate information as the banner will read as listed above. **Highlighted items are required for acceptance.** Once banners are printed, no changes can be made. All banners will be put up in the spring and removed in the fall. After the banners are removed the banner will be given to the applicant. **** All files must be submitted electronically****

Applicant Information: Please use the best contact numbers for you. All application and photo files must be submitted electronically.

Hometown Hero must have resided or currently reside in the City of Ontario or Springfield Township

Hometown Hero Residency Address: _____

Name of person submitting photo: _____

Relationship to Hometown Hero: _____

Address: _____

Phone Number: _____

Email: _____

I hereby grant and authorize the CITY OF ONTARIO permission to use the attached photo which includes a likeness of myself or of my relative in their Hometown Hero Banner program. If the photo is not of myself, I attest that I have the authority to grant this permission on their behalf. In addition, I take full responsibility that all information provided is accurate and grant Display Sales the right to exhibit, publish, and make use of the photo in marketing campaigns. I certify I have read and understand the above.

APPLICATION & PHOTO NEED TO BE EMAILED TO abeaver@ontarioohio.org.

*****All Applications and photos MUST be received by February 28, 2025*****

Signature

Date

Printed Name