Minoa Hometown Heroes Banner Program

Individual Banner - Information Sheet

Full Name of Veteran: _____

Military Branch, Years of Service & Rank:

_____

Name of Artwork File: (leave blank) _____

Name of Sponsor _____

Relationship to Hero: _____

Phone Number: _____

Email Address: _____

Photo Release Information:

I **hereby grant Village of Minoa permission to use the attached Photograph (that includes a likeness of myself, my relative or person I am sponsoring) in the Hometown Heroes Program without consideration or payment. In addition, I take full responsibility that all information provided about the veteran being honored is correct and accurate.**

Signed:_____

Print Full Name: _____ Date: _____

Send Information and Photo To dmiller@villageofminoa.gov or mail to:

Village of Minoa
Attn: Donna Miller
240 North Main St.
Minoa , NY 13116