



# OUR HERO

*We Shall Always Remember*

**NAME OF HERO (We honor all Veterans)**

\_\_\_\_\_

First MI Last

**BRANCH OF SERVICE (Check all that apply)**

Air Force  Navy  Army  Marines  Coast Guard

**Hero is currently:**  ALIVE  DECEASED

Name of Hero's sponsor: \_\_\_\_\_

Person responsible for submission and payment

Mailing Address \_\_\_\_\_

Street or P.O. Box

\_\_\_\_\_

City State Zip Code

Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I allow Dixie County Chamber of Commerce and participating volunteers to memorialize my loved one who served in the United States Military by placing their name on a roadside memorial marker that resembles a cross and will display an American Flag. I understand that the memorials will be placed 7 days prior and 7 days after Memorial Day and Veterans Day, along the roadside entering and exiting Cross City, Florida. I agree to pay a \$40 fee for a roadside marker and understand that this payment is good for 2 years.

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

Mail payment and registration form to:

Dixie County Chamber of Commerce

P.O. Box 547, Cross City, Fl. 32628

Email: [info@dixiechamber.org](mailto:info@dixiechamber.org)

Check# \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_