TOWN OF CAMILLUS HOMETOWN HERO BANNER APPLICATION

VETERAN INFORMATION

NAME OF THE PERSON IN THE PHOTO: _____

BRANCH OF THE MILITARY: _____ MILITARY RANK ABBREVIATION: _____

DATE PHOTO SUBMITTED: _____ TYPE OF PHOTO SUBMITTED: _____

PLEASE SEND ALL ELECTRONIC PHOTO SUBMISSIONS AND ANY QUESTIONS TO DEANNA SMITH AT:
dsmith@townofcamillus.com

*****PLEASE DOUBLE CHECK THAT ALL INFORMATION IS PRINTED CLEARLY AND SPELLED CORRECTLY*****

APPLICANT INFORMATION

NAME OF PERSON SUBMITTING PHOTO: _____

RELATIONSHIP TO HOMETOWN HERO: _____

PHONE NUMBER: _____

ADDRESS: _____

EMAIL: _____

THE DISPLAY TIME IS TWO SEASONS - APPROXIMATELY APRIL TO NOVEMBER

Please use the best contact information for you. Applicants are responsible for submitting accurate information as the banner will read as noted above. Once banners are printed, no changes can be made. I hereby grant, TOWN OF CAMILLUS, permission to use the attached photo, which includes a likeness of myself or of my relative in the Hometown Hero Banner Program. In addition, I take full responsibility that all information provided is accurate. The TOWN OF CAMILLUS is not responsible for vandalism, theft, or weather related wear and tear.

_____ _____
SIGNATURE DATE

_____
PRINT NAME

COST OF BANNER: $150.00

PAYMENT: CHECK #:_____ DATE:_____
CHECK ONLY PAYABLE TO THE TOWN OF CAMILLUS

Updated: 4/30/2026