

DUE DATES:

Amo: Sept. 13 Clayton: Sept. 25
 Pittsboro: Oct. 2 North Salem: Oct. 7
 Roachdale: Nov. 12

**DUE DATES:**

Coatesville: Oct. 8 Clermont: Nov. 8
 Danville: Oct. 16 Plainfield: Nov. 6
 Brownsburg: Nov. 13

Honoring our Military Banner Program

Sponsored by Wa-Pe-Ke-Way Chapter, National Society Daughters of the American Revolution

Please print clearly

Name of Service person (as it should appear on banner) _____

Is Service person? Living Deceased KIA POW/MIA Currently Active

Rank: (Write out-example: Sergeant/Private) _____ Hometown: _____

Branch of Military: Army Navy Air Force Marine Corps Coast Guard Reserves

Era of Service (Circle) WWI WWII Korean Vietnam Global War on Terror Other _____

Years Served: (Ex: 1963-1965) _____ Retired Military: Yes No

Name of person submitting application: _____

Applicant Address: _____

Applicant Phone No: _____ Applicant email: _____

PHOTOS: Actual photo will be returned when project complete. Wa-Pe-Ke-Way Chapter, NSDAR shall not be responsible for photos damaged in mail. Photos must be on photo paper. Paper copies not accepted.

PHOTO REQUIREMENTS:

INDIVIDUAL MUST BE IN UNIFORM

8 x 10 ORIGINAL PREFERRED (none larger accepted)

QUALITY HIGH RESOLUTION COPY ACCEPTABLE

NO GROUP PHOTOS ACCEPTED

NO PHOTOS SMALLER THAN 5X7 ACCEPTED

PHOTO MUST BE CLEAR GOOD QUALITY

DIGITAL PHOTOS ARE NOT ACCEPTED

PHOTO MUST BE PRINT READY-NO EDITTING PROVIDED

ORDERS ONLY ACCEPTED WITH: PHOTO, FORM & PAYMENT

CHAPTER RESERVES RIGHT TO REFUSE ANY PHOTO

I hereby grant Wa-Pe-Ke-Way Chapter, National Society Daughters of the American Revolution, and the Town of (REFER TO CORRESPONDENCE SENT FOR AVAILABLE TOWNS AND INSERT NAME OF TOWN WHERE BANNER TO BE PLACED) _____, Indiana permission to use the attached photo of the above stated individual in the Honoring our Military Banner Program without payment for use or other consideration. I understand this photo or likeness may be used for promotional use. I understand photo will be returned. I assume all responsibility for providing accurate, true and correct information regarding the veteran being honored on the banner. I agree to not hold Wa-Pe-Ke-Way Chapter, NSDAR or the town in which banner is displayed responsible for damage, theft or acts of violence of any nature of banner and they shall not be responsible for replacement shall this occur. Once application approved, no refunds will be permitted. I attest that the above-named individual was honorably discharged from the military or still actively serving. Individual banner cost is \$115.00. There will be a \$35.00 fee for any returned checks.

 (Signature of Participant)

 (Date)

 (Printed Name)

MAKE CHECK PAYABLE TO WA-PE-KE-WAY CHAPTER, NSDAR

MAIL APPLICATION, PHOTO AND PAYMENT TO:

Wa-Pe-Ke-Way Chapter, NSDAR

% 6445 Thistle Bend

Avon, IN 46123

ANY QUESTIONS, PLEASE CONTACT

Rhonda Beck

rhondajb7408@yahoo.com

317.268.6273 (h) 815.953.2101 (c)

Chapter Use: Accepted Returned Reason: Photo Incomplete _____

Payment date: ____/____/____ Check # _____ Cash: _____

Photo provided with application: Yes No Color Photo: Black & White Photo: Size: ____