

ROCK COUNTY VETERANS BANNER PROGRAM

The Rock County Veterans Banner Program to honor its past and present veterans for their service to our country and in turn, encourage a new generation to provide service to their country. The banner acts as a symbol of our gratitude that pays tribute to the commitment and courage displayed by individuals who have served in the Armed Forces.

CRITERIA: To qualify for the Veterans Banner Program, the following criteria must be met:

- The honoree is a present or past member of the United States Armed Forces
- The honoree is a current, former or deceased veteran with ties to Rock County
- The honoree must have an honorable discharge
- The applicant must be the honoree or close living relative/associate to the honoree
- The right of use of the honoree’s name, military service information and photograph submitted with the application must not have been assigned or transferred to another person

PROCEDURE:

- Submit completed form along with a photograph of the honoree in military uniform if possible; the photo should be 5 X 7” OR larger; digital photographs with a resolution of 300 dpi or higher will also be accepted
- **Applications will be accepted through May 1, 2025**
- 84 applicants will be accepted annually on a first come, first serve basis
- Banners will be raised for a period of one season
- Veterans banner season is from approximately July 1st through fall (October or November)
- Every effort will be made to return the banner to the applicant when the banners are taken down
- Applications will not be processed without complete information, payment and photo
- Payment of **\$125** must be received at time of application

APPLICANT INFORMATION AND CERTIFICATION:

Name:	Phone Number:
Street Address:	City/State/Zip:
Email Address:	Relationship to Veteran:
Alternate Contact:	Alternate Phone:
Alternate Email:	Relationship to Veteran:

PAYMENT: Circle payment type; write checks to **Luverne Area Chamber – Veterans Banner**

CHECK	CASH	CREDIT CARD
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Credit Card Company:	Number:	Exp. Date:
Name on Card:	Zip Code:	

SEND OR DELIVER APPLICATION TO: LUVERNE AREA CHAMBER | 213 E LUVERNE ST | LUVERNE MN 56156

Questions or additional information: 507.283.4061 | luvernechamber@co.rock.mn.us

PLEASE FILL OUT THE BACK OF THIS FORM WITH VETERAN INFORMATION

NAME OF VETERAN:

FIRST NAME	MIDDLE INITIAL	LAST NAME

BRANCH OF SERVICE and RANK: Please mark by branch of service and fill in rank

	<u>BRANCH OF SERVICE</u>	<u>RANK</u>
	AIR FORCE	
	AIR NATIONAL GUARD	
	ARMY	
	ARMY NATIONAL GUARD	
	GOAST GUARD	
	MARINE CORPS	
	NAVY	
	RESERVES (indicate branch)	
	SPACE FORCE	

ERA OF SERVICE: Optional

	GLOBAL WAR ON TERROR (September 22, 2001 – Present)
	COLD WAR (September 2, 1945 – December 26, 1991)
	VIETNAM CONFLICT (February 28, 1972 – November 7, 1975)
	KOREAN WAR (June 27, 1950 – January 31, 1955)
	WWII (December 7, 1941 – December 31, 1946)
	WWI (April 6, 1917 – November 11, 1918)
	SPANISH – AMERICAN WAR (April 1898-August 1898)
	CIVIL WAR (1861 – 1865)

YEARS OF SERVICE: Optional

	YEAR OF ENLISTMENT
	YEAR OF DISCHARGE
	ACTIVE DUTY

TYPE OF PHOTO PROVIDED:

DIGITAL

PHOTOGRAPH

APPLICATION CERTIFICATION: (must read and sign before application processed)

I, _____ hereby certify that I am the honoree, close living relative or associate to the honoree. I further certify that right to use the honoree's name, military service information & photograph submitted has been assigned to me. Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Application Received: _____ Date of Payment Processing: _____