

**Yucaipa & Calimesa Proudly
Salutes Their Active Military**

The Hometown Heroes
Military Banner
Recognition Program was
created to recognize and hon-
or Calimesa and
Yucaipa residents and their
immediate family
members who are serving our
country in the United States
Armed Forces.



Proudly supported by the City of
Yucaipa and the City of Calimesa



Hometown Heroes

Rotary
Club of Yucaipa



(909) 797-0437

P.O. Box 661
Yucaipa, CA 92399

Email: HeroBanner@yahoo.com
Web: YucaipaRotary.org

Military Banner
Recognition Program



How do I participate in this Program?

The Hometown Heroes Military Banner Recognition Program honors Yucaipa and Calimesa residents and immediate family members (spouse, parent, child, sibling or grandparent) who are serving on active duty in the United States Armed Forces.

To participate in the program, fill out the attached application and include a copy of verification of Yucaipa or Calimesa residency.

Quantity is limited to one (1) banner per serviceperson and fee is \$200 per banner.

Checks payable to:

Rotary Club of Yucaipa

Spelling of the serviceperson's name will be taken directly from this application.

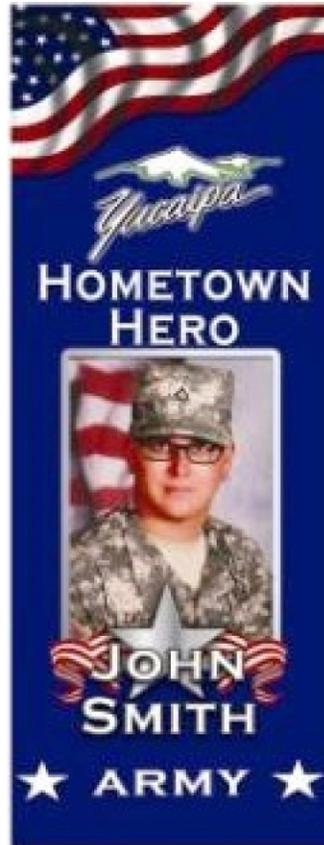
Mail application to:

Rotary Club of Yucaipa

P.O. Box 661

Yucaipa, CA 92399

Sample Banner



Applications will be accepted year-round. Once an application has been approved, applicant will be contacted for payment and release of portrait. Portraits must be of the service person in uniform.

Banners will be installed at least twice a year (May & November) and will remain on display for a minimum of two years or until the serviceperson is no longer serving on active duty. Active duty verification will be requested annually.

- New Banner \$200 _____
- Commemorative 2'x6' Banner \$125 _____
- Replacement Banner \$100 _____
- 18"x24" Yard Sign \$40 _____

Total _____

Military Banner Recognition Program Application

Please PRINT/TYPE the name of serviceperson as it should appear on the banner and indicate the branch of service.

Name of Serviceperson:

Branch of Service:

End of Active Service Date (EAS):

Name of Applicant:

Relation to Serviceperson:

Address:

Phone Number:

E-Mail Address:

Staff use only:

Date received _____

Resident verification received _____