

## **BLUE STAR BANNER RECIPIENT APPLICATION**

The family member must be serving in the U.S. Armed Forces (including those in the National Guard and Reserves who are currently serving in ACTIVE DUTY).

Name of family member(s) serving: \_\_\_\_\_

Title/and or Rank (ex: Major/PFC/etc.): \_\_\_\_\_

Branch of the military for which they're serving: \_\_\_\_\_

The name of current War, Conflict, or Base Stationed: \_\_\_\_\_

Family recipient's name(s): \_\_\_\_\_

Recipient's relationship to service member: \_\_\_\_\_

(Check from eligibility list below)

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Where you heard about this program: \_\_\_\_\_

### PLEASE NOTE:

- If the application is received after the 5<sup>th</sup> of the current presentation month, your presentation will be scheduled for the next presentation date.
- The picture release form on the reverse side must be signed to begin presentation.
- Completed forms can be dropped off at the Palatine Township Office, 721 S. Quentin Road, emailed to [keck@palatinetownship.com](mailto:keck@palatinetownship.com), or faxed to 847.358.2888.

### ELIGIBILITY LIST:

wife/husband

mother/father

stepmother/stepfather

parent through adoption

half brothers or sisters

foster parents who stand or stood loco parentis

children/stepchildren

children through adoption

brothers/sisters

**PALATINE TOWNSHIP RELEASE FORM**

\_\_\_\_\_, hereby permits use of a photograph or videotape of said child/adult taken for the Blue Star Banner Presentation by Palatine Township in promotion, advertising and public relations with or without reference to said person's name.

Further, in consideration thereof, said child and his undersigned parent release Palatine Township, Cook County, Illinois, its Township Board, Board Members individually and its employees, servants and agents, from any and all claims, damage, injury, including attorneys' fees, arising out of the use of said photograph or image or likeness thereof.

Adult/Parent Signature: \_\_\_\_\_

Name of Child/Children: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Please check here if you approve of Palatine Township forwarding your Application Form information to the Palatine American Legion for use on their electronic display board, honoring those serving and their families.