

Blue Star Banner Program - Requestor Form

*Rank and Name of family member(s) serving _____

*Branch of the military for which they're serving _____

*The name of War, Conflict, or Station _____

*Family recipient name(s) _____

*Recipient's relationship to service member _____
(Check from eligibility list below)

*Address _____

*Phone # _____

*Email address _____

PLEASE NOTE:

- Complete the Requestor Form and the Picture Release Form (page 2) and email both forms to us at BlueStarBannerRequests@PalatineTownship.com or fax back to us at Fax # 847.358.2888
- Please attach a digital picture of the family member serving that will be shown at the presentation meeting
- If you are not able to fax or email the Picture Release Form, we will ask you to sign a Picture Release Form the night of the meeting

Eligibility List:

- | | |
|---------------------------|--|
| -wife/husband | -foster parents who stand or stood loco parentis |
| -mother/father | -children/stepchildren |
| -stepmother/stepfather | -children through adoption |
| -parent through adoption | -brothers/sisters |
| -half brothers or sisters | |

OF A MEMBER OF THE ARMED FORCES OF THE UNITED STATES

Palatine Township
Picture Release Form

_____, hereby permits use of a photograph or videotape of said child/adult taken for Blue Star Banner Program 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: _____