



OUR HERO

We Shall Always Remember

NAME OF HERO (We honor all Veterans)

First

MI

Last

BRANCH OF SERVICE (Check all that apply)

☐ Air Force ☐ Army ☐ Coast Guard

☐ Navy ☐ Marines

Hero is currently: ALIVE ☐ DECEASED ☐

Name of Hero's sponsor _____

Person responsible for submission and payment

Mailing Address _____

Street or P.O. Box

City

State

Zip

Phone (____) _____

Email: _____

I allow Dixie County Chamber of Commerce and participating volunteers to memorialize my loved one who served in the United States Military by placing their name on a roadside memorial marker that resembles a cross and will display an American Flag. I understand that the memorials will be placed 7 days prior and 7 days after Memorial Day and Veterans Day, along the roadway entering and exiting Cross City, Florida. I agree to pay a \$40 fee for a roadside marker and understand that this payment is good for 2 years.

Signature

Date

Mail payment and registration form to:

Dixie County Chamber of Commerce
P.O. Box 547 • Cross City, FL 32628
Email: info@dixiechamber.org

Check# _____ Amount _____ Date _____