



Military Banner Recognition Application



Please fill out application and return to the Crystal Lake Chamber, 427 W. Virginia St., Crystal Lake, IL 60014

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Branch	Rank	Enlistment Date

Base / Deployment Location		

Contact Person Information

Name (s): _____

Relationship to Applicant: _____

Mailing Address: _____

City, State, Zip Code: _____

Contact Phone Numbers (s): _____

Email Address: _____

Photo Notified City Certificate Letter of Notification

Date: _____

Do Not Write Below This Line- For Internal Use Only

Location of Banner: _____

Installation Date: _____ Discharge Date: _____

Date of Presentation of Flag by Council: _____

Comments: _____