

# Blue Star Banner Program Requestor Form

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

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\*Branch of the military in which they serve

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\*Serving in which War, Conflict or Station

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\*Family member recipient

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\*Recipient's relationship to service member(s)

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\*Address \_\_\_\_\_

\*Phone # \_\_\_\_\_

\*E-mail address \_\_\_\_\_

## PLEASE NOTE:

-Complete the Requestor Form and the Picture Release Form (page 2) and e-mail both forms to us at [supervisor@mchenrytownship.com](mailto:supervisor@mchenrytownship.com); or fax both forms to us at 815-385-5671; or mail them to Blue Star Program, McHenry Township, 3703 N. Richmond Road, Johnsburg, IL 60051.

-Please attach a digital picture of the enlisted family member which will be shown at the McHenry Township Board meeting.

-If you are not able to fax or e-mail the Picture Release Form, we will ask you to sign a Picture Release Form at the board meeting.

-If the Requestor Form is received after the 5th day of the month, the presentation will take place the following month.

# McHenry Township Picture Release Form

\_\_\_\_\_ (please print), hereby permits use of a photograph or videotape of said child/adult taken for the Blue Star Banner Program by McHenry Township or given to McHenry Township and used for advertising or public relations with or without reference to said person's name.

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

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

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

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