CLARENCE VETERANS MEMORIAL REGISTRATION

Mail this form and

APPLICANT INFORMATION	a check for \$250 to: Clarence Rotary Club
Your Name:	Veterans Memorial PO Box 159 Clarence, NY 14031
Your Address:	
City, State, Zip:	Veteran name submission
Your Email:	are due by
Your Phone:	<u>VETERAN'S DAY</u> MONDAY,
Relationship to Veteran:	NOV. 11 th 2019!
VETERAN INFORMATION	
Name (First Name, MI, Last Name):	
☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Men	rchant Marine Navy
Rank:	
Original Date of Enlistment: Date of Discharge (if applicable):	
Active Duty Service: WWI WWII Korean War Vietnam Somalia Grenada Desert Storm Global War on Terror Iraq Other:	
Honors & Awards (if applicable): Medal of Honor Purple Heart Cross	Bronze Star Silver Star
Other (please explain):	
Status of Veteran: Active Reserve Honorably Discharged Retired	□KIA □KIS □MIA
Connection to the Town of Clarence:	
Resident Family Member of Resident Business	Service Organization
Uther (please explain):	
I warrant that the information submitted to the Clarence Veterans Memorial is accurate and complete in a information provided will "literally" be carved in stone, and that any changes after the original engraving vof the sponsor. This includes any factual errors discovered by outside parties. I acknowledge that the Clarence Veterans Memorial will not be responsible both physically and financially for any errors of information.	will be the responsibility financially arence Rotary Foundation and the
I have reviewed the information contained herein, and represent that it is factually true, accurate and compl Rotary Foundation and the Clarence Veterans Memorial may use the information I provided for public and promotional opportunities. The above terms and conditions will become effective and be binding upon of the information.	records, advertising opportunities,

Date

Signature