



The City of Willowick Banner Program is a tribute to recognize and honor our residents and their immediate family members who are currently serving or who have served our country in the armed forces: **Army, Navy, Air Force, Marine Corps, Coast Guard, and National Guard.**

Each banner will be individualized for a specific Willowick service person and will include their name, branch of service, photo, and name(s) of sponsor(s). The banner measures 30" x 60" and is double-sided. They will be displayed throughout the city from Memorial Day in May through Veterans Day in November. The banner will be given to the sponsor at the end of the season if they will not be rehung for the following year.

The Banner Program is funded through sponsorship(s), and applications are received on a first-come, first-served basis. To order, please submit the following items by **April 4, 2026**:

- A completed application form.
- A \$130 or \$25 check per new/reused banner made payable to: **The City of Willowick**.
- A photo in high resolution, preferably showing the individual in military uniform. Digital photos should be a **JPEG or PNG file that is at least 600 DPI**. All photos are returned to the sponsor.

All applications can be dropped off between 9AM-3PM Monday through Thursday or  
Mailed to:

Willowick City Hall, **Attn: Molly Henderson, 30435 Lake Shore Blvd., Willowick, OH 44095.**

Please email digital photo submissions to: **[mhenderson@cityofwillowick.com](mailto:mhenderson@cityofwillowick.com)**

**Please note that the City of Willowick is not responsible for replacing banners that are stolen, damaged or destroyed due to age, vandalism, or any acts of nature, including high winds.**

**Due to the ENORMOUS interest and support, ALL BANNERS are hung in alphabetical order.**

**We have determined that the maximum lifespan of a banner is three years due to exposure to the sun and the elements, once your banner has been displayed for that duration, it must be retired.**

**APPLICATION ON BACK SIDE →**





### APPLICATION (PLEASE PRINT)

NAME OF SERVICE PERSON: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

SERVICE ERA: \_\_\_\_\_

PLEASE CHECK ONE: THANK YOU (CURRENT ACTIVE MILITARY) \_\_\_\_\_

IN MEMORY OF (DESEASED VETERAN) \_\_\_\_\_

#### SPONSOR CONTACT INFORMATION:

NAME OF SPONSOR/CONTACT: \_\_\_\_\_

RELATIONSHIP TO VETERAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOW DO YOU WANT THE SPONSOR TO APPEAR ON THE BANNER?

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PLEASE CHECK ONE: NEW BANNER/REPRINT (\$130.00) \_\_\_\_\_ REHANG (\$25.00) \_\_\_\_\_

**Please note that all transactions are to be made in cash (exact change) or by check only. Please make checks payable to the City of Willowick.**

*I hereby grant the City of Willowick permission to use the provided photo in the City of Willowick Banner Program. I take full responsibility that all information provided is accurate and correct.*

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

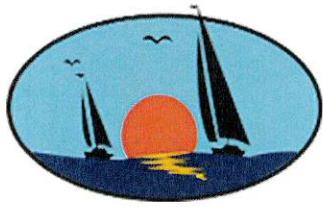


#### OFFICE USE ONLY

NEW      REPRINT      REHANG

DATE OF LAST REHANG: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_



# SOCIAL MEDIA CONSENT FORM

Each week, on the City of Willowick's Facebook Page, we would like to honor two veterans by sharing their photos, names, and branches of service.

Although the banners will be taken down on November 11<sup>th</sup>, the Facebook tributes will continue until the end of December. You will receive an email notification when your loved one is scheduled to be featured in a post. The postings will be organized in alphabetical order.

Please sign below to give permission to share and honor your loved ones on social media. Thank you!

I \_\_\_\_\_ (Print Name), hereby grant the City of Willowick permission to use the provided photo, and information given, to post on their social media plat form.

**Please provide any additional information you would like shared with the photo, particularly how they are connected to Willowick:**

**\*If a Digital photo was not sent with the banner application, please send one to  
mhenderson@cityofwillowick.com. \***

**Email:**

**OFFICE USE ONLY**  
Consent # \_\_\_\_\_  
*Date of Post:* \_\_\_\_\_  
*Additional Info:* Y N

**Signature:**

Date:

