Dixie County
Chamber of Commerce

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 _____