

## City of Clinton Veteran Banner Program

*Please print legibly.*

Rank and full name of veteran in photo:

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Branch of Service

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Choose one: Era or the years of service:

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Name of person submitting photo/info:

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Phone number:

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Address:

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E- Mail address:

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Relationship to veteran

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### PHOTO RELEASE FORM

I hereby grant City of Clinton Veterans Banner Committee permission to use the attached photo (which includes a likeness of me, my relative, or person being sponsored) in the City of Clinton Veteran Banner Program without payment or other consideration.

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Signature of person submitting photo/info

Date

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Printed Name

**REMINDER: (1) Complete order form, (2) Email high-resolution quality headshot photo of veteran in uniform to [visitorcenter@clintonms.org](mailto:visitorcenter@clintonms.org). (3) Make payment of \$200.00 cash or check payable to: City of Clinton (4) Submit order form in person to Marsha Barham, Director Clinton Visitor Center, 1300 Pinehaven Road, Clinton, MS. For questions call 601.924.2221 or email [visitorcenter@clintonms.org](mailto:visitorcenter@clintonms.org).**