

**Packer Township Supervisors
Hometown Heroes Program Banner Project**

**If you have submitted an electronic form on www.packertownship.com please
sign and return this photo release form with your payment.**

Full Name of Person in Photo: _____

Name of Person submitting information _____

Amount Enclosed _____

PHOTO RELEASE FORM

I hereby grant Packer Township Supervisors to use the enclosed photo (which includes a likeness of myself or my relative) in the Packer Township Supervisors Hometown Heroes Program. In addition, I take full responsibility that all information provided about the veteran being honored is accurate and correct.

Printed Name

Signature

Date