

2026 LaGrange County Hometown Heroes Banner Program

Due to current limited pole availability, Renewals & New Banners will be accepted on a first come first serve basis

Eligibility

Banners may be purchased for current and former LaGrange County residents who have served in the following:

- Armed Forces Eligibility
 - *Honorably discharged veterans, or KIA*
- Conscientious Objectors
 - **As defined by the Selective Service System; C.O.s must show proof of two years of service**
- First Responders
 - Law Enforcement
 - *Graduated from academy or equivalent and served full-time for at least 10 years, or KIA*
 - Fire Department
 - *Graduated from Fire & Public Safety Academy or equivalent and served as a volunteer for at least 30 years, or KIA*
 - EMT/Paramedic
 - *Completed EMT or Paramedic certification(s) and served full-time for at least 10 years, or KIA*

There is a non-refundable cost per banner of \$75. Cash, Check, and Credit Card Payments are accepted (*please note with credit card payments that a convenience fee will apply*). Please make checks out to LaGrange County Chamber of Commerce with 'Hometown Heroes Banners' in the memo line. Checks or Credit Card Payments are preferable to cash. Please note that sponsorship opportunities may be available, please contact us for more information.

To renew a banner you purchased in a previous year, contact the LaGrange County Chamber at 260-463-2443 or email us at banners@lagrangecountyhth.com to renew.

Mail completed application, payment, proof of service, and the honoree's service photograph to:

LaGrange County Chamber of Commerce
ATTN: Hometown Heroes
513 W. Central Avenue
LaGrange, IN 46761

All renewal and new banner applications **must** be submitted by **April 17**. Any applications submitted after are not guaranteed to be part of the 2025-26 program.

Questions? Contact us at banners@lagrangecountyhth.com or 260-463-2443.

THIS APPLICATION IS FOR HONOREES BEING HUNG IN SHIPSHEWANA ONLY

Honoree Information

Name of Honoree: _____

(First Name, Middle Initial, Last Name)

Spelling of the service Person's name on the banner will be taken directly from this application, please write clearly and include the name exactly as you would like to see it on the banner

Area of Honor: Please Check Which Applies

U.S. Army U.S. Marine Corps U.S. Navy U.S. Air Force U.S. Coast Guard
U.S. National Guard U.S. Reserves Law Enforcement EMS/EMT Firefighter

Service Era (e.g. 1946-1954): _____ Special Designation (e.g. **POW, KIA, MIA**): _____

Who is the Banner Sponsored by? (e.g. The Doe Family): _____

What You Will Need to Submit

- Completed Application
- High-quality photo of the Honoree *(Photo will be returned after processing)*
- Proof of service (e.g. Military ID, Form DD214, etc.)
- \$75 Payment (Checks payable to LaGrange County Chamber with the memo "LaGrange County Hometown Heroes) ****Check Payments preferable to Cash Payments****

Applicant Contact Information

Name: _____ Email: _____

Phone Number: _____

Address: _____

Please check if you ALLOW anyone the ability to RENEW this banner in future program years

Please check if you ALLOW anyone to purchase a copy of this banner

*** Please note, without these permissions, the original applicant (you) will be contacted for approval if anyone reaches out to our office to either: 1). renew this banner in a future year or 2). wants to purchase a copy of the banner. ***

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I hereby grant LaGrange County Hometown Heroes permission to use the attached photo in their hometown heroes banner program, with the understanding that this photo, or its likeness, may be used for promotional use without notification or additional permission. I also understand and hold the LaGrange County Hometown Heroes harmless for any submitted incorrect information, or any acts of nature or vandalism that may damage or destroy any displayed banner. LaGrange County Hometown Heroes reserves the right to approve all banners and as this is a volunteer-run, donation-based program no refunds will be given.

Honoree Signature, If Alive

Date

Participants Signature

Date

For Office Use Only

Payment Info: _____

Date Received: _____

Banner Draft Approved: _____

Photo Returned: _____

Banner Returned: _____