

GRAYLING HONORS SERVICE MEMBERS

SPONSOR INFORMATION:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Display Preference: ☐ 1-Year ☐ 2-Years

HONOREE INFORMATION:

Name: _____

Branch(es) of Military served: _____

Ranks upon completion of service: _____

Years or conflict of service: _____

Please circle all that apply:

Active

Duty

Veteran

Living

Deceased

Please tell us why you choose this person to honor in 100 words or less: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Do you certify that the sponsor or honoree lives, works, or actively volunteers in Crawford County, Michigan?

☐ Yes ☐ No

Signature: _____

Date: _____

Completed application may be returned using one of the following methods: Email to: stoddard.bj@yahoo.com

USPS mail to: City of Grayling, PO Box 549, Grayling, MI 49738

In person to Grayling City Hall at 1020 City Boulevard in Grayling, MI 49738