

BRIDGEPORT BRAVE MEMORIAL DAY (DECEASED)

Rank & Name of Veteran: _____
(How you want it to appear on the flag)

Service dates/years: _____

War or Conflict: _____

Branch of Service: _____

Billit or Duties: _____

INFORMATION TO ADD TO THE BANNERS (22 characters EACH line including spaces)

(Top Two Medals or Awards)

Line 1: _____

Line 2: _____

CONTACT INFORMATION

Connection to Bridgeport: _____

Name: _____

Phone: _____

Address: _____

Email: _____

Fee **\$125.00**. Please make check payable to "Bridgeport Downtown Appearance, PO Box 280, Bridgeport NE 69336 or drop off at Bridgeport City Office, 809 Main Street. Please write in the "memo" **Bridgeport Brave**.

For questions, please contact Lorrain Mann at 308.279.1763, Gail Beyer at mayorbpt@cityofbport.com, Carrie Harless at 308.279.2147 or Dori Huck 308-262-1623. This application, money and picture must be received by February 1, 2024, to ensure your banner to be displayed by Memorial Day 2024. The picture can be black and white or color. It needs to be a 600dpi file or a scanned photograph.

The better the picture the better the image on the banner.

