

LINCOLNVIEW VETERANS DAY CELEBRATION FORM

This portion for Veterans who will PARTICIPATE in the program:

Please list the student(s) who will be walking with your Veteran- **INCLUDING their = Homeroom Teacher and/or Grade**

Participating Veteran's Name: _____

Student(s): _____

Branch: _____

Any additional comments/Veterans who are participating.

Honoring a Veteran who cannot attend or is currently serving:

Veteran's Name: _____

Family Member of: _____

Any additional comments/Veteran to honor—**please indicate if you emailed a picture to be included in the video presentation**

Memorial Portion of the Program: (Their name(s) will be read during the program & your student(s) will stand to be recognized)

Veteran's/POW's Name: _____

Family Member of: _____

Any additional comments/Memorial for Veteran

PLEASE RETURN FORM/EMAIL PHOTOS NO LATER THAN November 2

Use the back of this form for additional names if needed