

Japonica Campus

Wall of Honor

If you would like to an honor a veteran, please provide a **copy** of a photograph along with the following information by **November 1, 2017**. (**Please no originals**)

Name_____

Rank_____

Branch of Service_____

Conflict_____

Name of SLES student/ relationship_____

Grade/Teacher_____

Japonica Program/Reception

Please list the veteran(s) in your family or friends who will attend the program and reception.

We need to know the number attending for planning purposes. Please complete the information below and return the form to **Mrs. Sandy**, by **November 1, 2017**.

Veteran's name_____

Branch of Service_____

Number of other family members who will attend the reception._____