



Field of Valor Registration Form

Name _____

Address _____

City, State, Zip. _____

Name of honoree _____

I would like the following printed on my Valor Card (continue on back if necessary):

- I would like to keep my flag after the Field of Valor event.
- I would like donate my flag to the Eastern Shore Exchange Club to be used again.

Return this form with a check for \$25.00 to:

Eastern Shore Exchange Club
Field of Valor Event
P.O. Box 7880
Spanish Fort, AL 36577-7880