

# Request for Ambassador Assistance

Please submit this request for Ambassador Assistance at least  
**THREE WEEKS** before your event.

Return to Wade Martin 217 or call 738-7743

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Department: \_\_\_\_\_

Function: \_\_\_\_\_

Date of Function: \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_

Number of Ambassadors needed: \_\_\_\_\_

Duties to be Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rehearsal Date, Time, and Location (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**(For Office Use Only)**

Date: \_\_\_\_\_ Ambassadors Assigned: \_\_\_\_\_  
\_\_\_\_\_

Ambassadors Attended: \_\_\_\_\_  
\_\_\_\_\_