



# SWITZERLAND CO. RECREATION, TOURISM & CONVENTION COMMISSION

## AMBASSADOR REQUEST FORM

Name of Event/Project: \_\_\_\_\_

Event Organizer: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Event/Project: \_\_\_\_\_

Number of Ambassadors Requested: \_\_\_\_\_ Approx. Number of Hours: \_\_\_\_\_

Are there age restricted activities, please list: \_\_\_\_\_

Ambassador Duties and Times Requested:

Duties: \_\_\_\_\_ Time: \_\_\_\_\_

Duties: \_\_\_\_\_ Time: \_\_\_\_\_

Duties: \_\_\_\_\_ Time: \_\_\_\_\_

Duties: \_\_\_\_\_ Time: \_\_\_\_\_

Duties: \_\_\_\_\_ Time: \_\_\_\_\_

Duties: \_\_\_\_\_ Time: \_\_\_\_\_

(Please use additional sheet if necessary.)

Additional Event Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Detail Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied  Reason: \_\_\_\_\_

For Office Use Only:

Total SCT Ambassadors Participating \_\_\_\_\_

Total SCT Ambassador Hours Worked \_\_\_\_\_ x \$12 per hour \_\_\_\_\_

Total SCT Ambassador Payment Requested \_\_\_\_\_ Per Project Fee \_\_\_\_\_