

**Advancement Ambassador Assistance Request**

**Requestor Name/email/phone:** Click here to enter text.

**Event on-site staff name/email/cell phone:** Click here to enter text.

**Name of the event:** Click here to enter text.

**Event date:**  Click here to enter text. **Event Location:** Click here to enter text.

**If necessary, will transportation be provided for Advancement Ambassador?** [ ]  Yes [ ]  No

**Event start time:** [ ]  am [ ]  pm **Event end time:**  [ ]  am [ ]  pm

**Time Advancement Ambassador(s) should arrive:**  [ ]  am [ ]  pm

**Time Advancement Ambassador(s) will be dismissed:** [ ]  am [ ]  pm

**Event type:** [ ]  Lecture/presentation [ ] Performance [ ] Reception [ ] Dinner [ ]  Other Click here to enter text. Will student(s) be provided with meal? [ ]  Yes [ ]  No

**Type of Assistance:** [ ]  VIP Tour [ ]  Setup [ ]  Check in [ ]  Donor interaction [ ]  Tear down [ ]  Student Speaker [ ]  Other Click here to enter text.

**Purpose of event:** Click here to enter text.

**Describe the audience:** Click here to enter text.

**Number of Advancement Ambassador(s) requested?** Click here to enter text.

**The dress code for this event is?** [ ]  Business casual [ ]  Business professional

**I am requesting Advancement Ambassadors from a specific college?**  [ ]  Yes [ ]  No

Which college/school? [ ]  CHASS [ ]  CNAS [ ]  BCOE [ ]  SoBA [ ]  SPP [ ]  Education

 [ ]  No preference

**I am requesting the following specific Advancement Ambassador’s assistance at my event: (Please list the name(s) of the Advancement Ambassador(s) you are requesting).**

Click here to enter text.