

**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.