

**COLLEGE OF ARTS & SCIENCES  
AMBASSADOR REQUEST FORM\***

**Person/Department making request:**

**Phone #**

**Address:**

**Event:**

**Date of Event:**

**Starting Time:**

**Ending Time:**

**Location of Event:**

**Number of Ambassadors Needed:**

**Please give a brief description of the event and elaborate on the activities required of the Ambassadors, appropriate dress for the event, etc.**

**Directions to the Event:**

**If travel is involved, can Ambassadors travel with you?            yes            no**

**If yes, when will you be departing?**

**Where should the Ambassador(s) meet you?**

**\*I agree to cover all the expenses for any ambassador(s) participating in this event.    Signature: \_\_\_\_\_**

**Please return form to:    Christine S. Blank, Ambassador Coordinator  
   UK - 241 POT, Lexington, KY 40506-0027  
   Phone: 257-3530            Fax: 323-1073  
   E-mail: [csblan00@pop.uky.edu](mailto:csblan00@pop.uky.edu)**

\*\*\*\*\*

**Ambassador(s) assigned to event (internal use only):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_