

Senior Ambassador Application

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ School: _____

List 3 Friends who would be interested from the Class of 2011

Name: _____ School: _____

Email: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ School: _____

Email: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ School: _____

Email: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Extra Curricular Activities (Include offices held, sports, clubs, and organizations)

In your own words, why should you be chosen as an Ambassador?

Parent/Guardian Name(s): _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Please note that very few students will be selected this year to be ambassadors. We are looking for well rounded students with outgoing personalities, who are extremely photogenic, and who have a large desire to show off their images. Please understand we cannot select everyone.

I have read and understand the program and deadlines for the ambassador program through Central Ohio Photography and agree to participate to the best of my ability.

Applicant's Signature _____ Date _____

Parent/ Guardian Signature (REQUIRED) _____ Date _____

Central Ohio Photography

124 Georges Creek Dr.

Pickerington, Ohio 43147

614-804-9600

mitch.brown@CentralOhioPhoto.com