Ambassador Program

Events Attended

ACT
Ambassador Campus Team

Ambassador Name: **Student ID #:**

Date	Name of Event	Start Time	End Time	Total Hrs.	Event Total
			Semester Total:	**Hours:**	**Events:**

Event Calculation:

1-3 hours = 1 Event
3-6 hours = 2 Events
>6 hours = 3 Events

Ambassador Signature: Date:

Supervisor Signature: Date: