Team Ambassador Information Sheet

Family Information (Please complete this information and provide a copy, including a photo of the child to your March of Dimes representative by March 1st):

Team Name:_____

Parent's Name:_____

Child's Name:_____

Age:_____ Date of Birth:_____ Hospital:_____

Address:_____

Phone (W):_____ Phone: (H) _____

Brief summary of the ambassador's story, including how it relates to the March of Dimes._____

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Signature of Ambassador's Parent or Guardian – by signing you will be giving permission for your child's picture to be used on posters and other March of Dimes March for Babies related publicity. This form will not be accepted without the signature.

_____ _____ _____

Signature Print Name Date

Return this form to:

March of Dimes, Greater Oregon Chapter
1220 SW Morrison, Suite 510, Portland, OR 97205
Fax: 503-222-5965, or email dtownsend@marchofdimes.com