



SPORTS AMBASSADOR REQUEST – BOOKING

School name & mailing address:

Contact name: _____

Telephone: _____

Fax: _____

E-mail: _____

Date(s) Requested: _____

Time(s) Requested: _____

Class size (# of students): _____

Teacher's name: _____

- English **OR**
 French
 Special considerations? *(participant with mobility, visual or hearing impairment, etc.)*

Sports Ambassador(s): _____

Booked by: _____ Date: _____

For more information or submission:

New Brunswick Sports Hall of Fame

503 Queen Street

Fredericton, N.B.

E3B 5H1

Tel: 506.453.3747

Fax : 506.459.0481

E-mail: nbsportshalloffame@gnb.ca

Web : www.nbsportshalloffame.nb.ca