



AMBASSADOR EVENT REGISTRATION:

Event Host: _____
First Name Last Name Organization Name (If Applicable)

Street Address City Province/State Postal Code/Zip Code

Day Phone Evening Phone Fax

Event Registration

Name of Event: _____

Type of Event: _____

Proposed Date of Event: _____ Time of Event: _____

Location: _____

Event Description: (Please include details of the event, target audience, etc.)

Please fax completed form to (905)764-2722 or

Mail it to: THREE TO BE Ambassador Program 7 Collinson Blvd. North York, ON M3H3B7