



Foley Ambassador Program  
 PO BOX 709  
 Foley, MN 56329



**Personal Information**

Name:

First

Middle

Last

Address:

Street

City

State

Zip

Telephone: Cell (     )

Home (     )

Email Address:

Date of Birth:

Mother's Name:

Telephone Number:

Address if different from above:

Father's Name:

Telephone Number:

Address if different from above:

Siblings Names and Ages:

Reliable Parent Email Address (required):

**Education Information**

High School Name:

Year in School:

College Name (if applicable):

Year of Study:

Awards/Honors:

Athletic/Fine Arts Activities:

School Clubs/Organizations:

**Employment Information**

Employer Name:

Date of Hire:

Supervisor Name:

Job Title:

Favorite Part of Job:

Least Favorite Part of Job:

**Sponsor Information**

Sponsor Name:

Contact Name:

Phone Number:

Address:

Sponsorship Fee is \$125 and is required by the first day of practice.

Checks can be made to : Foley Ambassador Program and be mailed to: PO BOX 709 Foley, MN 56329

**Additional Information**

All information will be used for publicity and ambassador committee purposes. This document will be given to the judges. Please use complete sentences, do not list!

**Community Involvement**

Church/Community Activities:

What is your favorite Foley Fun Days Activity and why?

What is your favorite thing to do in Foley and why?

If you could change one thing about Foley, what would it be and why?

**Personal Information**

Special Interests/Hobbies:

What three words best describe you and why?

Is growing up in today's society easy or hard and why do you feel this way?

What are your plans for after high school?

Where do you see yourself in 10 years?

Why should you be chosen as a Foley Ambassador?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_