



G.R.A.C.E. Inc.
Greater Richland
Area Cancer
Elimination



AMBASSADOR NOMINATION FORM

Please seek permission from the nominee prior to submitting the nomination and share the expectations of what being an ambassador means/entails.

Nominees must reside within the Greater Richland Area Cancer Elimination Service Area

Ambassador Nominee Information (please print clearly)

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ WI Zip: _____

Mobile Phone: () _____ House Phone (if applicable) () _____

Email: _____

Is Nominee A Minor? NO YES

IF YES: () _____

Name of Parent or Legal Guardian _____ Phone Number _____

Expectations of Walk with GRACE Ambassador:

- Available for introduction at the Annual Kick-Off Meeting
- Participate in parades by riding on the Ambassador float.
- Share story on WRCO Morning Show (can request pre-recording)
- Photo and story shared in printed or social media platforms.
- Participate in Walk with GRACE Annual Walk

By **submitting this nomination**, I attest that I have discussed nomination and expectations with individual and (if applicable) parent or guardian of nominee, if nominee is a minor.

Nominated By: _____

() _____

Name of Person Submitting Nomination _____ Phone Number _____

Submit completed nomination form to

G.R.A.C.E. Ambassador Program
PO Box 213
Richland Center, WI 53581

AMBASSADORS ARE SELECTED BY THE GRACE BOARD OF DIRECTORS

BOARD _____ Approved _____ Denied _____ Retain Until 12/31/_____
(2-yr post decision year)

Walk Chair Follow Up of Board Approved Nominees:

Date Board Approved Nominee Contacted: ____/____/____ Contact made by: _____

Nominee: _____ Accepted Ambassador Role _____ Declined Ambassador Role _____