

TRF Ambassador Contact Information

Contact Info- All Information is required

Name: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Other#: _____

Email: _____

Emergency Contact:

Name: _____

Relationship to You: _____

Phone: _____

I would like to be considered for the Ambassador Guide program.

Please sign and return this to us either by email
(marketing@texrenfest.com), mail, or at the first in-
person event of the season.