



Wallacetown Agricultural Society
P.O. Box 1
Wallacetown, Ontario, N0L 2M0
www.wallacetownfair.com
AMBASSADOR APPLICATION FORM

Name: _____ Age _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Speech Topic: _____

Present Schooling / Occupation:

Hobbies, Interests, Community Activities:

Additional Background (please include future plans, special accomplishments, etc)