

## REQUEST FOR ATHENIAN AMBASSADOR ASSISTANCE

Event:			
Date of Even	t:		
Location:			
Time of Event:			Arrive By:
Requester:			Contact Number:
Number of H	losts/Hostesses Re	equested:	
Shift Work:	Yes	□No	
Attire:	Casual	Formal	
Duties:			
HOST/HOSTESS			HOST/HOSTESS
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Date Notified	d of Event:		