RECEIVED: DATE: TIME: BY:	DEQUERT NO.						
	REQUEST NO.						
ACHEIVEMENT REQUEST MADE FOR:							
SPORT EDUCATION PERSONAL NAME: PH	PROFESSIONAL OTHER HONE:						
ADDRESS: MC	OBILE:						
EMAIL:	d travellewant and a description of what promotional						
(Please supply a 100 word description of your proposed material may be appropriate) REASON FOR REQUEST:	a travel/event and a description of what promotional						
CONDITIONS							
Must provide proof of selection in the event.							
Must reside in the Brewarrina Shire.							
Must have a sound knowledge of Brewarrina Shire.							
<ul> <li>Travel must be because of recognition for a sporting, edu achievement recognised by peers. i.e. representing sta professional conference or forum</li> </ul>							
<ul> <li>Participants in the Ambassador Program must be und boundary.</li> </ul>	dertaking travel external to the Shire						
<ul> <li>Ambassadors need to demonstrate how the use o Brewarrina</li> </ul>	of promotional material will promote						
<ul> <li>Ambassador agrees to provide Council with written f outcome of the event.</li> </ul>	feedback and/or photographs on the						
Ambassador agrees to sign a statement of intent and agrees	ree to;						
<ul> <li>Act in goodwill and due diligence to not bring Brewa</li> </ul>	arrina Shire into disrepute						
<ul> <li>Accentuate the positive aspects of the Brewarrina S</li> </ul>	Shire at every opportunity						
<ul> <li>In good faith distribute equitably and fairly an Brewarrina Shire Council</li> </ul>	ny promotional material provided by						
Applications must be received by the Director Corporate & Community Services no later than 4 weeks prior to event.							

meeting.

AGREEMENT								
<ul> <li>I, as an Ambassador for Brewarrina Shire Council, agree to:</li> <li>Act in goodwill and due diligence to not bring Brewarrina Shire into disrepute</li> <li>Accentuate the positive aspects of the Brewarrina Shire at every opportunity</li> <li>In good faith distribute equitably and fairly any promotional material provided by Brewarrina Shire Council</li> </ul>								
Name		_	Signature			Date		
OUTCOME								
AUTHORISED BY:	Signature:							
AUTHORISED MATERIAL:								
PERSON	PHO	NE	BY PERSON		FAX	EMAIL		
NOTIFIED:	WHEN:			BY:				
FURTHER COMMENT:								
FURTHER ACTION REQUIRED								
					DUE DATE:			
DETAILS:					REFERRED TO:			
					ACTIONED BY:			
					COMPLETED:			
ACTION TAKEN:								
ACTION TAKEN:					SIGNATORE.			
			SIGN OFF		SIGNATURE.			