

Become a CHaD Ambassador

Register on line at CHaDkids.org/Ambassador or complete this form and mail to:

CHaD Community Relations
One Medical Center Drive
Lebanon NH 03756

Patient Name: _____

Gender (M/F): _____ Age: _____ DoB: _____

First and Last Name of Parent/Guardian:

Mailing Address (Street/PO Box):

Town: _____ State: _____ Zip: _____

Best Phone: _____

Email Address: _____

Preferred means of contact: _____

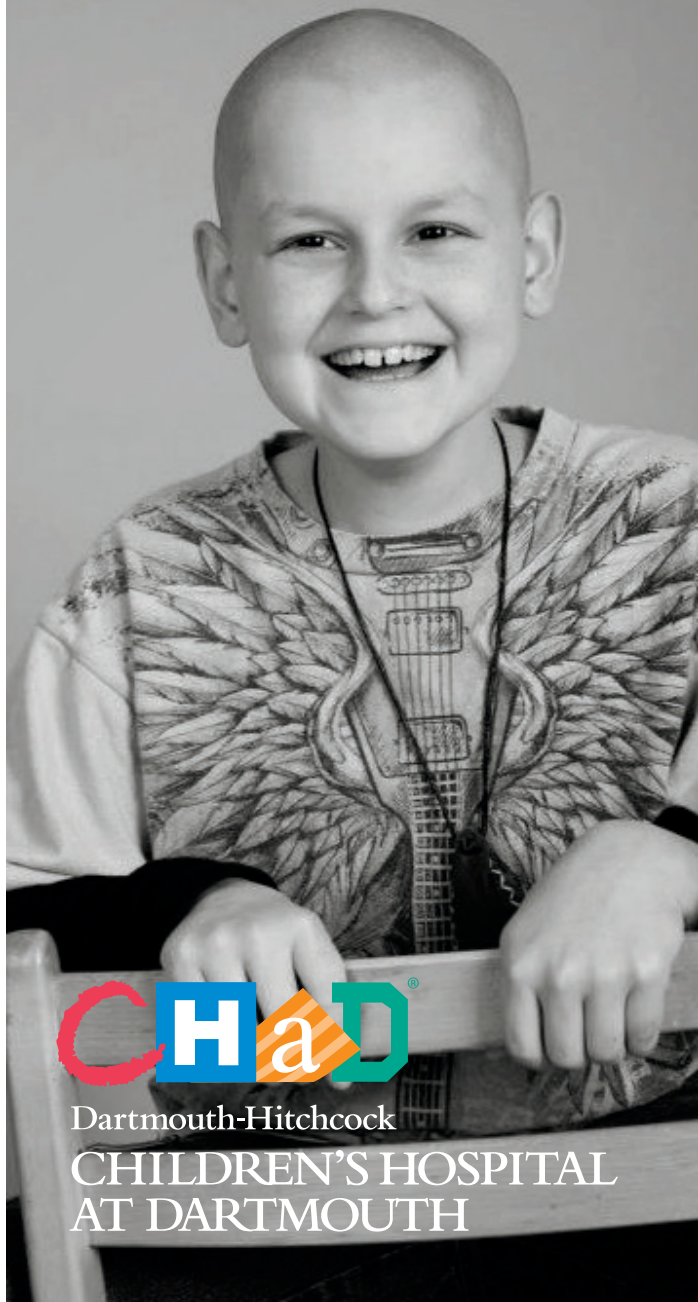
Some of my child's interests or activities include:

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Signed

Date

The CHaD Ambassador Program



Dartmouth-Hitchcock

**CHILDREN'S HOSPITAL
AT DARTMOUTH**



(603) 650-KIDS | chadkids.org

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