

# 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:

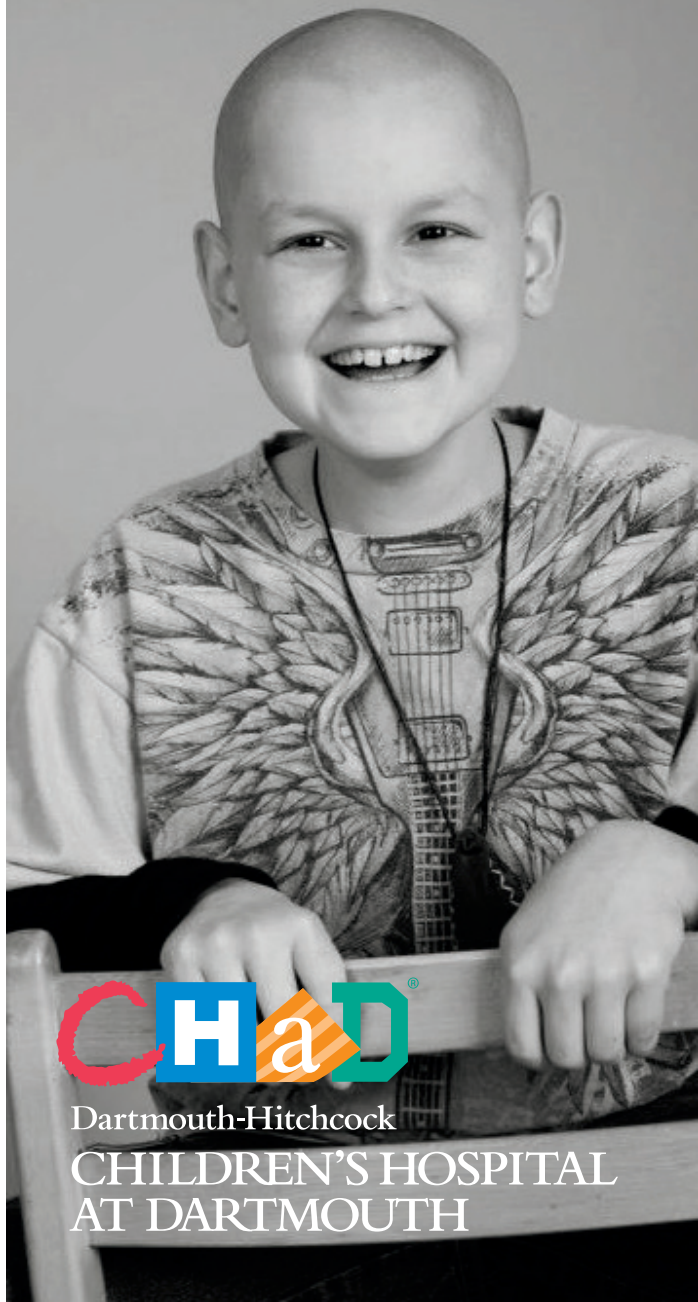
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the use and reproduction of information gathered in interviews, visual and/or digital media, which may be used by Dartmouth-Hitchcock staff, news media, or their representatives for communication purposes, including but not limited to news releases, events, programs, online communications, marketing, advertising, fundraising, and education. In the event that Dartmouth-Hitchcock receives income based on the use of the information authorized by this release, such funds will be used to defray the costs of educational materials. I understand I will not be compensated for this use.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

# The CHaD Ambassador Program



Dartmouth-Hitchcock

**CHILDREN'S HOSPITAL  
AT DARTMOUTH**



(603) 650-KIDS | chadkids.org

Join us on 

201304-###