



**TriHealth Fitness & Health Pavilion**  
**AMBASSADOR APPLICATION**



Prospective Ambassador Name (please print): \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Join Date: \_\_\_\_\_  
month/date/year

Areas of Club Interest: (ie. aquatics, group fitness, spinning) \_\_\_\_\_

I typically workout:  
early a.m. \_\_\_\_\_ mid a.m. \_\_\_\_\_ afternoon \_\_\_\_\_ evenings \_\_\_\_\_

Do you speak any foreign languages? If so, which? \_\_\_\_\_

I agree to participate in the Pavilion Ambassador program for a 12 month period.  
From \_\_\_\_\_ to \_\_\_\_\_  
month/date/year month/date/year

I have read and understand the Pavilion Ambassador Program responsibilities and agree to comply with the rules and regulations of this program. I also agree to adhere to all the facility member policies and HIPAA confidentiality guidelines pertaining to any health issues or personal information shared with me by the member.

Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

T-shirt size: \_\_\_\_\_