



SOUTH BALDWIN CHAMBER  
FOUNDATION

Mrs. Gale Croft  
South Baldwin Chamber Foundation  
P.O. Box 1117  
Foley, AL 36536

Dear Mrs. Croft:

I give permission for my son/daughter, \_\_\_\_\_,  
to apply for the Junior Ambassador Program sponsored by South Baldwin Chamber  
Foundation.

I am also giving permission for the publishing of photos that include my son/daughter in  
local newspapers or other media, the Junior Ambassadors Facebook page, and  
newsletters, websites, presentations and/or brochures produced by the South Baldwin  
Chamber of Commerce and/or the South Baldwin Chamber Foundation.

I understand that if selected, he/she will be required to fulfill responsibilities including,  
but not limited to:

- Time necessary to represent the South Baldwin community at various events
- Transportation to and from those events
- Most meals will be provided; however, there may be an occasion that a  
student will be expected to pay for their own meal.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Name of Parent or Guardian—Please print)