

DONNA'S DREAM HOUSE

NOMINATION FORM FOR A CHILD WITH A SERIOUS ILLNESS

Please return this form to Len Curtis at: Donna's Dream House, 21 Chapel Street, Blackpool, FY1 5AW

DETAILS OF THE CHILD TO BE NOMINATED

Child's full name: Date of birth:

Nature of illness: Date diagnosed:

Full name of parent(s) or guardian(s):

Address:
..... Post code

Telephone no: Mobile no: E-mail:

Details of current medical treatment:

Name of hospital where child is treated:

What equipment will you bring with you? (eg. wheelchair/oxygen etc):
.....

Has this child ever had a holiday in Disneyland Florida or Paris? YES/NO*. If so, when?

Has this child ever had a holiday in Blackpool? YES/NO*. If so, when?

PLEASE LIST OTHER PEOPLE WHO WILL STAY WITH THE CHILD

Name: Age: Relationship to child:

Name: Age: Relationship to child:

Name: Age: Relationship to child:

Name: Age: Relationship to child:

PLEASE SPECIFY YOUR PREFERRED HOLIDAY DATES (we cannot guarantee availability)

.....

DETAILS OF PERSON OR ORGANISATION NOMINATING THIS CHILD

Full name:

Address:
..... Post code:

Telephone no: Mobile no: E-mail:

Signature: Date: