

DONNA'S DREAM HOUSE

SNOWDROP PROJECT

NOMINATION FORM FOR SIBLINGS OF A CHILD WHO HAS RECENTLY PASSED AWAY

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

DETAILS OF THE CHILD WHO HAS PASSED AWAY

Child's full name: Date of birth:

Nature of illness: Date of passing:

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

Address:

..... Post code

Telephone no: Mobile no: E-mail:

PLEASE LIST ALL PEOPLE WHO WISH TO STAY AT DONNA'S DREAM HOUSE

Name: Age: Relationship to child:

Name: Age: Relationship to child:

Name: Age: Relationship to child:

Name: Age: Relationship to child:

Name: Age: Relationship to child:

Please give details of any special needs (eg wheelchair access etc):

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

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DETAILS OF PERSON OR ORGANISATION MAKING THIS NOMINATION

Full name:

Address:

..... Post code:

Telephone no: Mobile no: E-mail:

Signature: Date: