

Wish Child's Name: _____
First Middle Last

Preferred Name: _____ Gender: Male Female Self-Describe _____

Age: _____ DOB: _____ Wish Child T-Shirt Size: _____

Wish Child's Medical Condition: _____

Wish Child's Primary Address: _____

Wish Child's Mobile Telephone, if applicable: (_____) _____

Wish Child's Email, if applicable: _____

My Favorites:

Color _____

Music/Singer _____

Book/Story _____

Hobby _____

Game _____

Movie _____

Food _____

Show _____

Restaurant _____

Actor/Actress _____

Cake/Candy _____

Sport/Athlete _____

Snack Food _____

Pet/Animal _____

Class in School _____

Other _____

When I'm outside, I like to...

When I'm inside, I like to...

Electronics / Games that I like to play with are...

When I'm with my family, I like to...

When I'm with my friends, I like to...

Volunteer Note: Please capture details about each wish idea expressed by the wish child. Space is provided to capture up to four ideas; at least two ideas should be captured. **Please clearly label the child's top wish idea. Please note the family's availability for wish fulfillment.**

Wish Idea: _____

WHY
Why is this important to you?

WHAT
What would you like to do? What does it look like?

HOW
How did you hear about it?

WHEN
When is a good time for it?

Tell me more - tell me everything you know about it.

Wish Idea: _____

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Name of Child's Medical Provider

Provider Phone

Provider Email

Secondary Medical Contact

Phone

Email

Do you request to continue serving as this child's wish celebration volunteer(s)? Yes No

[Click here to review the responsibilities of a wish celebration volunteer.](#) (right-click and open in new tab!)

Comments (optional)

Example comments: Do you have a volunteer partner you'd like to work with?