

Seasons of Hope Dinner

December 15, 2016

5:30 - 8:00

UNF University Center
12000 Alumni Dr. | Jacksonville, FL 32224

APPLICATION FORM

The University of Florida, College of Medicine - Jacksonville, Center for Autism and Related Disabilities (CARD) wants every child to experience a pleasant and peaceful holiday season.

It is with this wish that CARD and the Walgreens Corporation announce the sixth annual *Seasons of Hope Dinner*. Families will be invited to join us for a special evening of holiday festivities. Dinner will be served along with activities and games for children and a visit from a very special guest.

Eligibility:

- ☒ Families must be a constituent at the University of Florida, Jacksonville CARD.
- ☒ Families must have children between the ages of 0-18 years old living in the household.
- ☒ Family members attending must be living in the household of the applicant.
- ☒ Families must be able to provide their own transportation to and from the venue.
- ☒ This is a once in a life-time experience. Each family can only attend once.

Please complete all pages and sign the attached application. The parent/guardian with primary custody is the only person eligible to apply for the child. Space is limited.

Applications must be returned no later than November 13, 2015

UF Developmental Pediatric Center
attn: Autumn Mauch
6271 St. Augustine Rd, Ste. 1
Jacksonville, FL 32217
Or
Fax to (904) 633-0817



APPLICATION FORM

Seasons of Hope Dinner 2016

Family Information:

Name of Consituent: _____

Parents/Guardians of child(ren): _____

Complete Address: _____

Diagnosis: _____

County of residence? ☐ Duval ☐ Clay ☐ Baker ☐ Nassau ☐ Flagler ☐ St. Johns

Email: _____ Day phone: _____

Number of people in your household: _____

Our goal is to make this evening as magical as possible for every child. Please provide information on each of your children, including what your child likes to play with. This will help us match children's interests to the best of our ability. Please do not request gift cards.

Child's Full Name	Age	Sex	Gift Suggestions (No gift cards, please)
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	

Office use only:

Date Rec'vd: _____ Number: _____ Active: Y/N Program: C/F/DP Initial: _____
TP: _____ TW: _____ TS: _____

Please select 5 of the following, numbering them as 1 being the most desired, then 2,3,4, and 5:

Name of Child: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ (Example:) Bobby

Action Figures							
Arts and Crafts							5
Barbie							
Baby Doll							3
Board Games							
Dress Up							2
Infant/ Toddler Toys							
Mr. Potato Head							1
My Little Pony							
Play Sets							
Puzzles							
Stuffed Animals							
Tea Set							4
Trucks/Vehicles							

Please write a brief paragraph about your family and what participating in this event would mean to you.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.**Office use only:**

Date Rec'd: _____ Number: _____
TP: _____ TW: _____ TS: _____

Active: Y/N

Program: C/F/DP

Initial:

Signature of parent/guardian

Date Rec'd: _____ Number: _____
TP: _____ TW: _____ TS: _____

Active: Y/N

Program: C/F/DP

Initial: