



## Application For Special Events

Please complete the application and fax it to:  
Special Events Coordinator  
Recreation Therapy / Child Life Department  
Lucile Packard Children's Hospital  
Fax: (650) 498-2455

-----  
Name of Person/Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Number of people in Group (must be over 18 years of age): \_\_\_\_\_

Type and content of event: \_\_\_\_\_

Equipment needed: \_\_\_\_\_

Will you be providing any favors/toys/ food? No\_\_\_ Yes\_\_\_ If yes, please list:

\_\_\_\_\_

When would you like to do your event?

Date/ Time                      Date/ Time                      Date/Time  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

REFERENCES: Please list two former organizations you have entertained/ visited  
Contact Person/ Organization Phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

Once the Child and Family Life Services Department has looked over your application, we will contact you regarding our decision.

**Infection Control Questionnaire**

Please be aware that contagious diseases brought into our hospital may have serious consequences for our patients. Even the most common cold can be a risk to our children. Please help us provide a safe environment by answering the following questions.

Have you or anybody in your group been exposed in the last 2 months to:

Chicken Pox: Y or N

Measles: Y or N

Rubella: Y or N

Mumps: Y or N

Please be advised that if you or any member of your party has had any of the following symptoms within the week prior to your performance date, to let us know so that we can make alternate arrangements.

COLD (runny nose, fever, cough, sore throat), rash or diarrhea

As a representative of the above named organization, I have read the Entertainment Guidelines and affirm by the group's willingness to adhere to them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_