



**DREAM APPLICATION**

Child's Name \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family's Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Family's daytime telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_ Mother/ Father

Please give a brief description of a child's illness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of referee \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Your full address (if different to above)

\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_ Mobile \_\_\_\_\_

Dream request – please give three options.

Dream 1 \_\_\_\_\_

Dream 2 \_\_\_\_\_

Dream 3 \_\_\_\_\_

Where did you hear about Dreamz4u? \_\_\_\_\_