

Wish Request

Wish Child _____

Organization Number (TA#): _____

Arrival Date _____ Departure Date: _____

All lines must be completed on form or it will not be processed.

1. FAMILY INFORMATION

Wish Child _____ Last Name _____ First Name _____ Sex _____ Age _____ Birth date _____

Illness: _____ Tee shirt size: _____

	Last Name	First Name	Travel To GKTW?	
Mother	_____	_____	YES	NO
Father	_____	_____	YES	NO

Address _____

City, State, Zip Code _____ Phone _____

Family e-mail address: _____

Who has legal custody? _____ Mother _____ Father _____ Both _____ Guardian _____

(NOTE: Only immediate family members are allowed to participate on the wish and will be complimentary.)

Last Name	First Name	T-shirt	Age	Date of Birth	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. TRAVEL INFORMATION

FLIGHTS MUST BE CONFIRMED PRIOR TO MAKING RESERVATION REQUEST (attach official airline itinerary or note record locator number below)

Family arriving by: _____ Plane _____ Car _____ Bus _____ Train _____

	Airline	Flight #	Departs From(city)	Time	Arrives (City)	Time
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Arrival Info: 1. _____

Date: _____ **ORLANDO** _____

Departure Info: 2. _____ **ORLANDO** _____

Date: _____

Record Locator Number: _____



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CHILD'S NAME: _____

ARRIVAL DATE: _____

3. ORGANIZATION INFORMATION

Organization _____

Wish Contact _____

Address _____

Business Phone _____ ext # _____

City, State, ZIP _____

Home Phone _____

Fax Number _____

Email Address _____

***Foundation Contact for Emergency while family is at GKTW (other than wish contact):

Cell/Pager/Cell Phone: _____

Home Phone: _____

4. MEDICAL

Give Kids The World must be notified of all medical supplies.

* Please Circle: Hospital Bed - Oxygen (please specify if needed at Airport, Village or both) - Wheelchair - IV Poles - Other:

* Company providing medical supplies: _____ Phone: _____

Is the family bringing a wheelchair? YES NO

IS THE WHEELCHAIR (Please circle one)

ELECTRIC NON-COLLAPSIBLE COLLAPSIBLE OTHER: _____

****IF WHEELCHAIR IS ELECTRIC OR NON-COLLAPSIBLE..... A SPECIAL VAN THAT ACCOMMODATES A WHEELCHAIR IS REQUIRED.**

5. TRANSPORTATION:

National Car Rental National Mini-van Rental Insurance

National car driver must have a valid driver's license and be at least 21 years of age. Payment will be made to Give Kids The World. Proof of Rental Insurance is required.

Driver's Name: _____ Age: _____ Date of Birth: _____

Driver's License # _____ Expiration Date: _____

Mears Shuttle without wheelchair lift Mears Shuttle with wheelchair lift

Avis-MAWF only

Driver's Name: _____ Age: _____ Date of Birth: _____

Driver's License # _____ Expiration Date: _____ State: _____

Type of vehicle _____ GEB # _____

Other (to be arranged by the Wish Granting Organization)

**IF OTHER: Company Name: _____ Confirmation Number: _____

7. PUBLICITY Is the family agreeable to publicity? YES or NO

**NOTE: COMPLETE ALL BLANKS and FAX TO GIVE KIDS THE WORLD: (407) 396-8847

