



Phoenix Children's Hospital Patient Event Application

Today's Date: Click here to enter a date.

Group Name: Click here to enter text.

Event Contact Person: Click here to enter text.

Phone Number: Click here to enter text. **Email:** Click here to enter text.

Address: Click here to enter text. **City:** Click here to enter text. **Zip Code:** Click here to enter text.

Detailed Description of Event/Visit: Click here to enter text.

Anticipated length of Event/Visit: Click here to enter text.

Total Number of People Involved in Event/ Roles in Event: Click here to enter text.

If a children's group, please provide the range of ages that would be participating: Click here to enter text.

Time frame you are available for event (months, days of the week, times): Click here to enter text.

Please list a link to your website or video (if applicable): Click here to enter text.

Please list other hospitals or venues in which this event/service was provided: Click here to enter text.

*Please attach pictures of costumes (if applicable).

Do you plan to (all items require prior approval):

- a) Bring giveaway items for patients? Yes No If yes, please describe: Click here to enter text.
- b) Bring food or beverage items for patients? Yes No If yes, please describe: Click here to enter text.
- c) Notify media? Yes No If yes, please describe: Click here to enter text.

Do you require the following? (please check applicable and describe)

- a) Assistance with Parking: Yes No Click here to enter text.
- b) Assistance with transporting supplies: Yes No Click here to enter text.
- c) Assistance with set-up: Yes No Click here to enter text.
- d) Changing area: Yes No Click here to enter text.
- e) Other: Click here to enter text.

Note: No pictures of patients are allowed to be taken during events without prior approval. No additional guests/observers are permitted to accompany event other than those directly involved.



Thank you for your interest in bringing smiles to our patients and families at Phoenix Children's Hospital! We review applications monthly. If your application aligns with current hospital event parameters and goals, you will be contacted by the hospital event coordinator. For questions, please email patientevents@phoenixchildrens.com.