



# Partiman's Magic Makers

## Nomination Form

Completing this form only nominates a child and does not guarantee that all wishes be granted. Please be aware referrers are unable to nominate their own children.

### The Child

If there is more then one child you wish to nominate from a family please complete a separate application form.

Child's first name \*

Attach a picture here (if possible)

Child's last name \*

Child's Date of Birth

 / 

Gender (please tick)

Male

Female

Reason for nomination

Child's hobbies and interests

Child's favourite place

Child's favourite people / character

3 special things they would like to do

1

2

3

## The Condition



Condition or illness (*condition or illness wish child suffers from if applicable*)

Hospital or hospice details (*name of hospital or hospice attended by wish child if applicable*)

## The Family

Parent / guardian name

Home address

County

Postcode

Home telephone

Mobile telephone

Email address

Names and ages of Child's siblings

Sibling 1 name

<input type="text"/>	Age
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Sibling 3 name

<input type="text"/>	Age
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Sibling 2 name

<input type="text"/>	Age
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Sibling 4 name

<input type="text"/>	Age
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# The Referrer



Your name

Home address (if different to above)

County

Postcode

Home telephone

Mobile telephone

Email address

How did you hear about Partyman's Magic Makers?

Signature

Date

## Thank you

### For office use only:

Tracking number

Date

Authorised by

*When the application form has been completed please post it to...*

Partyman's Magic Makers, Marsh Farm, Marsh Farm Road,  
South Woodham Ferrers, Essex, CM3 5WP  
Registered Charity Number: 1168797

