



THE HOSPITAL FOR  
SICK CHILDREN

## The Department of Child Life Services Application for Entertainment

Name of Group/Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Email Address \_\_\_\_\_  
Fax Number \_\_\_\_\_

Type of Entertainment (music, theatre, craft workshop etc...) \_\_\_\_\_  
Description of Event (please include perceived benefit to children) \_\_\_\_\_

Number of Persons in Your Group \_\_\_\_\_  
Target Age Group for proposed event \_\_\_\_\_  
Facilities and/or Equipment Needs \_\_\_\_\_

Proposed Performance Date \_\_\_\_\_ Time \_\_\_\_\_  
Alternate Performance Date \_\_\_\_\_ Time \_\_\_\_\_  
Are you planning on handing anything out to the children? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, what would you like to bring? \_\_\_\_\_

Are you planning on inviting any media? Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, a copy of your press release MUST be approved by our Public Affairs Department prior to its release. Please forward all proposed media releases with your application.**

As a representative of the above named organization/group, I have read the guidelines for visiting entertainers to The Hospital for Sick Children and adhere to said requirements.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Please return this form TWO WEEKS PRIOR to your proposed event to:**

**Caron Mills**

Sick Kids

Room M874

555 University Avenue

Toronto, ON M5G 1X8

Fax: (416) 813-5417