

Wolfson Children's Hospital Application for Media Center Entertainers

My group understands that:

- Completion of this application does not guarantee that my group will be able to perform.
- All members of my group must be 16 years of age or older with no more than 6 members.
- Everyone visiting must be in good health.
- Due to privacy laws, pictures or video of patients is not allowed.
- The performance must be religiously and politically neutral.

I have reviewed the information and will comply with the guidelines

Contact Information

Group's name:

Group's purpose/mission:

Group's website (if applicable):

Number of people in group (limit 6):

Contact person and address (street, city, state and zip code):

Telephone numbers (include Area Code):

Primary phone

Alternative phone

Email address:

Planning Information

Proposed dates and times:

First preference:

(day of the week, month, date, year)

Select Day

Select Time

Second preference

(day of week, month, date, year)

Select Day

Select Time

Third preference:

(day of the week, month, date, year)

Select Day

Select Time

Describe performance:

Benefit of performance for our patients and families:

Include any relevant links to recently posted videos below *(e.g. on Facebook, YouTube)*:

To Submit This Form

Instructions to electronically submit:

1. Use Adobe Reader to fill out the form.
2. Save the the completed form to your computer.
3. Open an email account (e.g. gmail, Outlook), attach the PDF file to a new message and email to childlife@bmcjax.com.

You can also print this form, fill it in and mail it to:

Wolfson Children's Hospital
Child Life, 5 Wolfson
800 Prudential Drive
Jacksonville, Florida 32207

If you have any questions, please call Child Life at **904.202.8541**.