



Nomination Application

Child's Full Name

Child's Age

Child's Birthday

Child's Illness**

Child's Physician

Name

Phone Number

Child's Physician

Address

3 Wishes

1)

2)

3)

Hobbies/Interests

Favorite Color

T-Shirt Size

Favorite Sports Team

Favorite movie/character

Child School

Name

Child Grade

Parents/Legal Guardian

Name

Phone Number

Guardian Address

Email Address

Have you ever been granted a wish by any other organization? Circle One: YES NO

By signing you give PIFN permission to review this information and post your child's wish and pictures. You understand that PIFN cannot guarantee all wishes listed will be granted.

Parent/Guardian Signature: _____ Date: _____

****Please attach a signed statement from the child's doctor, on the doctor's letterhead, giving the child's diagnosis.**

Send this completed form and the doctor's diagnosis to: wishes@payitforwardnetworking.com or mail to 4809 Hazel Jones Road, Bossier City, LA 71111