



# Nathaniel's Hope

## Hospital Info. Form

Date: \_\_\_\_\_  
Info taken by: \_\_\_\_\_

Hospital/Organization: \_\_\_\_\_

CEO/President/Director: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_  Spanish  Sign Language

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Website: \_\_\_\_\_

How did you hear about **Caroling for Kids**? \_\_\_\_\_

What is the best time/way to contact you?  Mail  Email  Phone, Time \_\_\_\_\_

If you will not be the contact on the **day of the event**, please provide that person's information below:

Day of Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

### Event Specific Questions

How many beds do you have? \_\_\_\_\_ How many kids do you think will be there? \_\_\_\_\_

What would be best time to be there? \_\_\_\_\_ How many nurses' stations will we visit? \_\_\_\_\_

How many teams can we have? \_\_\_\_\_ How many people (max.) on floors? \_\_\_\_\_

Are there other areas of the hospital we can carol (i.e. lobby)?  No  Yes, where? \_\_\_\_\_

How many people (max.) in those other areas? \_\_\_\_\_

Can we have a  lobby check-in table?  OR is there a better check-in area? \_\_\_\_\_

cart for carrying goodies?  photographer?  videographer?  musicians? What types? \_\_\_\_\_

Are there age restrictions?  No  Yes, what are they? Do they apply only on the floors or in the lobby too?

Are there other restrictions (i.e. where can hand out candy canes, homemade cookies, songs)?  No

Yes, what are they? \_\_\_\_\_

Where should people park? \_\_\_\_\_

How much does the parking cost?  Free  Free, with validation \_\_\_\_\_

#### Nathaniel's Hope OFFICE USE ONLY

Info mailed by: \_\_\_\_\_ on: \_\_\_\_\_  
(initials) (date)

Database entry by: \_\_\_\_\_ on: \_\_\_\_\_