



Nathaniel's Hope

6th Annual Make 'm Smile Registration Form

Bring the whole family, but one parent/guardian (18 or older) must complete this registration form and accompany child(ren) at all times throughout event.

I am a **VIP** (VIP Kids are any kids with special needs, which include any physical, cognitive, medical or hidden disability, chronic or life-threatening illness, or those who are medically fragile.)

Please fill out one registration form per VIP Kid.

Child's Name: _____ Birthday (MM/DD/YY): _____

Please explain your child's special need (s): _____

Child's school: _____ Gender: Male Female

Special equipment used (walker, wheelchair, etc.): _____

What are your child's special talents or abilities? _____

What is your relationship to the VIP? _____

I am a **Buddy** (Buddies are individuals, couples and/or families that want to "Be a Buddy" and participate in the Buddy friendship stroll with a VIP kid and their family.)

Adult Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Home Church (if any): _____

Church City: _____

How many people will be attending? Adults: _____ Children: _____

Have you attended **Make 'm Smile** before? Yes No

How did you hear about **Make 'm Smile** this year? _____

Do you speak... Spanish? Sign Language?

Which way do you prefer we send out your event information? Email Postal Mail

OPTIONAL DEMOGRAPHIC INFORMATION

When applying for grants, we are asked for certain information. By responding to these *optional* questions, you will be helping us in garnering funds for **Nathaniel's Hope**.

Family income level: < \$20,000 \$30,001 – 40,000 \$50,001 – 60,000
 \$20,001 – 30,000 \$40,001 – 50,000 > \$60,001

Race/Ethnicity: African-American/Black Filipino Korean
 American Indian or Alaska Native, tribe: _____ Native Hawaiian
 Asian Indian Guamanian or Chamorro Pacific Islander
 Caucasian/White Hispanic/Latino/Latina Samoan
 Chinese Japanese Vietnamese
 Other, please specify _____

Mail this form to: **Nathaniel's Hope**, 2300 Jetport Drive, Orlando, FL 32809 or **fax** to 407-447-2021 or register **online** at www.NathanielsHope.org. For more information, **phone** us at 407-857-8224