**Visiting Group Application**

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| Applicant information | | | | |
| Contact Person Name: | | | | |
| Organization Name (if applicable): | | | Phone: | |
| Address: | | | | |
| City: | | State: | ZIP Code: | |
| Email Address: | | | | |
| Visit inforamtion | | | | |
| Please circle one: Activity Visitor Community Celebrity Performance | | | | |
| Detailed Description of Visit Request: | | | | |
| Total number of visitors: | | | | Ages: |
| Media Coverage or Photos Desired: Y N (please provide more detail in above description) | | | | |
|  | | | | |
| Activity Visitors are invited April-November, M-F from 11am-2pm. Community Celebrities are invited year round, M-F from 10am-4pm. Please mark your first and second choices below. | | | | |
| First Choice | | Date: | Time: | |
| Second Choice | | Date: | Time: | |
|  | | | | |
| By adding your name below, you are stating that you have read the “Visitor Guidelines” for St. Luke’s Children’s Hospital and affirm you/your group’s willingness and agreement to adhere to these guidelines. | | | | |
| Name: | | | | Date: |
| Please email completed application to:  childlifeservices@slhs.org  for questions, please call:  (208)381-4758  **Please allow up to one week for reply** | | | | |
| **for office use only** | Date Received: | Approved: Y N | Day/Time: | |
| Media/Photos approved: Y N  Details: | | Comments: | | |

**Please review “Visitor Guidelines” before completing this application.**