



WINDS OF MERCY REGISTRATION/ASSISTANCE APPLICATION

WARRIOR INFORMATION

Warrior Name:

Date of birth:

Phone:

Sex: Male

Female

Current address:

City:

State:

ZIP Code:

School/Grade:

Hobbies:

Allergies:

PARENT INFORMATION

Parent name:

Email Address:

Phone:

Birthday:

Occupation:

Spouse Name:

Email:

Sibling Name/Age:

Sibling Name/Age:

Sibling Name/Age:

WARRIOR DIAGNOSIS AND SPECIAL NEED INFORMATION

HOW DOES YOUR CHILD'S SPECIAL NEED AFFECT YOUR FAMILY'S LIFE?

WHAT ASSISTANCE ARE YOU REQUESTING?

IS FINANCIAL HARDSHIP THE REASON WHY YOU ARE REQUESTING FINANCIAL ASSISTANCE IF SO, WHAT IS THE CAUSE OF THE FINANCIAL HARDSHIP?

HOW WILL THE ASSISTANCE IF PROVIDED, HELP YOUR CHILD AND YOUR FAMILY?

SIGNATURES

I hereby give my consent to Winds of Mercy to photograph, film, videotape and use, reproduce, and publish said images of me and or my children. I Agree the photographs/negatives, films, or video thereof shall constitute the sole property of Winds of Mercy with full right of disposition in any manner whatsoever, including the right to publish. I hereby release Winds of Mercy and his/her legal representatives and assigns from any and all claims whatsoever in connection with use, reproduction, publication of the images thereof.

Signature of applicant:

Date: