



## SECRET SLEIGH PROJECT \* 2019 FAMILY APPLICATION

First Name of Child(ren): \_\_\_\_\_

Caregiver, Guardian or Parent  
name(s): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

City & State where the visit will occur/home: \_\_\_\_\_

Child's Diagnosis:

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Advice for Santa to make the visit as successful as possible for my child(ren)

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Siblings first name and ages:

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Additional Notes:

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Please email this form to [secretsleigh@gmail.com](mailto:secretsleigh@gmail.com) Thank you!