



**MARTY LYONS
FOUNDATION**
The courage to wish for more

105 Sweeneydale Ave Bay Shore, NY 11706
Tel: 631-543-9474 * Fax: 631-543-9479
Email: kdewitt@martylyonsfoundation.org
Website: www.martylyonsfoundation.org

**PARENTS
APPLICATION
FORM**

(Please read application instructions before completing)

Child's Name: _____ Birthdate: _____ Sex: _____
(Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____ Home or Cell Phone: _____

Address: _____ Email: _____

Best time and place to call: _____

Parent/Guardian's Name: _____ Home or Cell Phone: _____

Address: _____ Email: _____

Best time and place to call: _____

Name(s), dates of birth and relationship of other family children: _____

Hospital: _____ Address: _____

Physician: _____ Phone: _____

Social Worker: _____ Phone: _____

Social Worker Comments: _____

How did you hear about our Foundation: _____

Has applicant ever applied for and/or received a wish from any not-for-profit organization including the Marty Lyons Foundation?

Yes: _____ No: _____

If yes, please detail: _____

Agency: _____ Wish: _____ Date of wish: _____

Child's "Special Wish" (Be specific): _____

Parent/Guardian Comment: _____

I hereby certify that the responses and information provided in this application (and the materials submitted with this application form) are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of said wish.

Parent/Guardian Signature: _____ Date: _____