

**Application for Special Visitors/Entertainers**

Name of Group/Individual: \_\_\_\_\_

Group Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Number of Persons in group: \_\_\_\_\_ Age range of person(s) in group: \_\_\_\_\_  
(no more than 10)

Previous experience/performances with hospitalized children:  
\_\_\_\_\_  
\_\_\_\_\_

Previous experience/performances with non-hospitalized children:  
\_\_\_\_\_  
\_\_\_\_\_

Type of visit (attach script(s) or song lyrics if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated length of visit: \_\_\_\_\_

Time needed for set-up/clean-up: \_\_\_\_\_

List any materials you may need Saint Francis to provide: \_\_\_\_\_

Preferred performance/visit date: \_\_\_\_\_ Time: \_\_\_\_\_

Alternate date: \_\_\_\_\_ Time: \_\_\_\_\_

As representative of the above named group, I have read the requirements for entertainers/visitors of The Children's Hospital Foundation at Saint Francis. I have reviewed the requirements with all expected participants and affirm my group's willingness to adhere to all of the guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: The Children's Hospital Foundation at Saint Francis  
6161 S. Yale Ave.  
Tulsa, OK 74136  
Attn: Children's Foundation or fax: 918-502-6765