APPLICATION FOR COMMUNITY VISITORS

Name of Group:

Number in Group:

Contact Person:

Phone:

Address:

E-Mail Address:

Has your group visited before (if yes, date of previous visit)?:

Are all of the members of your group over the age of 18?

(age requirements may be waived for performance groups)

Please let us know if you have specific date or time frame for this activity:

**Please describe your proposed activity / performance:**

**Please circle the age group(s) that would benefit from the proposed activity:**

Young Children (2-4) Elementary Age (5-10) Middle School (11-13) Teens (13+) All Ages (3 – 18)

**In order to accommodate as many interested community groups as possible, we ask that you only request a visit once every 6 months.**

As a representative of the above-named organization, I have read the guidelines for community visitors at Helen DeVos Children’s Hospital and agree to adhere to said requirements.

Print Name:

Date:

*Your community visitor request will be reviewed upon the return of this application.*

**Helen DeVos Children’s Hospital Child Life Department**

**100 Michigan Street NE Mail Code 237**

**Grand Rapids, MI 49503**

**(616) 267-0100**

**(616) 267-1345 (fax)**

**Communityvisitors@helendevoschildrens.org**