

Wish Child's Name: _____
First Middle Last

Preferred Name: _____ Gender: Male Female Self-Describe _____

Age: _____ DOB: _____ Wish Child T-Shirt Size: _____

Wish Child's Medical Condition: _____

Wish Child's Primary Address: _____

Wish Child's Mobile Telephone, if applicable: (_____) _____

Wish Child's Email, if applicable: _____

My Favorites:

Color _____
Book/Story _____
Game _____
Food _____
Restaurant _____
Cake/Candy _____
Snack Food _____
Class in School _____

Music/Singer _____
Hobby _____
Movie _____
Show _____
Actor/Actress _____
Sport/Athlete _____
Pet/Animal _____
Other _____

When I'm outside, I like to...

When I'm inside, I like to...

Electronics / Games that I like to play with are...

When I'm with my family, I like to...

When I'm with my friends, I like to...

Volunteer Note: Please capture details about each wish idea expressed by the wish child. Space is provided to capture up to four ideas, but all four are not required. At least two ideas should be captured (ensuring that one idea does not involve travel and/or large gatherings).

Wish Idea: _____

WHY
Why is this important to you?

WHAT
What would you like to do? What does it look like?

HOW
How did you hear about it?

Tell me more - tell me everything you know about it.

Wish Idea: _____

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