

Golisano Children's Hospital Programming Application

Our mission is to promote developmentally supportive opportunities through play for patients and families to improve their coping and understanding of their hospital experience. We value play as a tool for self expression, socialization, developmental growth, creativity, and fun.



Program Information

Name		Contact Person	Email
Street Address	City	ST	Zip
			Phone
Have you ever done a special event at Golisano Children's Hospital?		If yes, who was your contact person?	

Program Description

Description of program:			
Number of people in your group? (Max 5)			
Age range of group? (Min 14)			
Event Type? (Circle One)	Activity	Performance	Other_____
Length of Performance? (Circle One)	30 Minutes	45 Minutes	60 Minutes 90 Minutes
Set-Up Time Required? (Circle One)	None	10 Minutes	20 Minutes >30 Minutes
Breakdown Time Required? (Circle One)	None	10 Minutes	20 Minutes >30 Minutes
Bringing Supplies? (All supplies must be provided by the group)	Yes	No	(All Supplies must be approved prior to the event)
Arrive in clean costume?	Yes	No	N/A
	If no, do you need space to prepare_____		
Do you intend on offering gifts? (Gifts must be approved prior to distribution)	Yes	No	
	If yes, describe: _____		
Equipment Needs? (Circle all that apply)	Tables	Chairs	Electrical Outlet Access Other:_____
Parking Needs? (Circle One)	Car	Bus	Van
	Number of Vehicles? _____		

Previous Program Presentations

Location	Contact Person	Phone Number

Date and Time Preference

Preferred Date:	First Alternate Date:	Second Alternate Date:
Preferred Time:	First Alternate Time:	Second Alternate Time:

Submission

Please submit to CLSpecialEvents@urmc.rochester.edu at least one month prior to preferred date.
 Please submit at least two months prior for holiday dates.
 All programming is subject to change based on the status and needs of the hospital.
 You will be informed as early as possible should rescheduling be required.