

VARIETY TENT 73 APPEALS APPLICATION PLEASE PRINT					PLEASE	
NAME OF CHILD				DATE OF BIRTH OF CHILD	0.001.00010.0010.0010.0010.0010.0010	
HOME ADDRESS						
POSTAL CODE	PARISH			COUNTRY		
DETAILS OF GUARDIAN(S)						
NAME				RELATION TO CHILD		
ADDRESS						
POSTAL CODE	PARISH					
HOME PHONE /WORK PHONE	CELL PHONE			EMAIL		
INSURANCE	NAME OF INSURED			RELATION TO CHILD		
DETAILS OF DIAGNOSIS						
DOCTOR(S)						
Where did you learn about membership in Variety?   Media   Doctor						
☐ Website ☐ Other (specify)						
Recommended by (Name and Address)						
Have you been previously assisted by Variety? If yes, please state when and how.						
DOCUMENTATION SUBMITTED  Local Doctor's report						
□ Overseas Doctor's report						
☐ Report of Proposed Treatment						
☐ Financial costs of Treatment						
☐ Cost of Airfare, Accommodation and other costs						



## GENERAL CONSENT RELEASE FORM

## In supporting Variety it is preferred that you sign this form

I hereby give my consent to and authorize the use and reproduction by Variety the Children's Charity of Barbados and the Eastern Caribbean or anyone authorized by Variety the Children's Charity of Barbados and the Eastern Caribbean, to use my child's / children's name(s), photographs, biographical information, audio and/or video tape recordings that have been taken of me and/or my children/ward for any purpose, without compensation to me.

Variety the Children's Charity of Barbados and the Eastern Caribbean reserves the right to use this information for any media event for editorial, educational, and /or promotional purposes for the benefit of contributions and ongoing support to the charity.

I hereby acknowledge that I have read and understood the terms of this release.

CHILD'S NAME (PLEASE PRINT)				
PARENT'S NAME (PLEASE PRINT)				
ADDRESS	TELEPHONE			
SIGNATURE				
PARENT/GUARDIAN DATE				
FOR OFFICE USE ONLY				
FUNDS APPROVED FOR				
IN THE AMOUNT OF				
APPROVED BY APPEALS COMMITTEE  SIGNATURE OF CHAIRMAN				
SIGNATURE OF CHAIRMAN				

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