

APPLICATION FOR BICYCLE OR OTHER WHEELED TOY

Please print this page, supply the following information, and return it to the address at the end of this form. You may also scan the finished form and email to info@cwoh.org. We will contact you and, if your child qualifies, make arrangements for his/her wheels to be delivered.

Child's Name						
Age	Birth date _		_ Gender	Male	Female	
Parent/C	Guardian Name					
Address	House number/street	city	S	state	zip	
Telepho	ne number(s)					
Email address						
Does this child have a website open to the public? If so, please specify:						
Hospital	where child is treated					
Contact person at hospital						
Contact person's telephone number and/or email						
We may need to contact your child's doctor or nurse just to confirm that their illness is considered life threatening. No other information will be requested nor is the hospital permitted to release that information. If you don't mind CWOH knowing your child's illness you may write it here:						

What are you requesting?							
Bicycle size 12" 16" 20" 24" 26"							
Tricycle plastic metal Big Wheel Style							
Wagon							
Other wheeled toy Please specify Some examples may be scooters, skateboards, train sets, R/C vehicle, doll buggy, skates, etc. (***Note: For very young children we can supply a stroller, riding toy, etc.)							
Helmet size (please circle): Infant Toddler Child Youth Adult							
Favorite color? 2 nd choice?							
I agree that the above information that I have given is true and current.							
SignedDate:							
For Publicity Purposes:							
I hereby authorize my child's name and/or photograph to be used by Cody's Wheels Of Hope for publicity purposes to obtain donations. I will not hold Cody's Wheels Of Hope, Inc. responsible for any unauthorized use of my child's name and photo.							
My authorization is for (please check one):							
Use of photo only							
Use of photo and name (only first names will be used)							
Use of name only (only first names will be used)							
Do NOT use my child's name or photo for any publicity purposes)							
Child's Name (please print)							
Parent/Guardian Name (print)							

Aaaress									
	House number/street	city	state	zip					
Phone n	umber(s)								
Signature of parent/guardian									
CODY'S WHEELS OF HOPE WAIVER FORM									
This bicycle/riding toy is a gift from Cody's Wheels Of Hope, Inc. We hope your child will enjoy it.									
Ι,			(please print	(please print name) accept					
this gift	for		(print child's	_(print child's name).					
I will not hold Cody's Wheels Of Hope, Inc. responsible for any injuries or damage occurring from use of this riding vehicle. I accept full responsibility for its use.									
Signed ₋			(si	gnature)					
Date									

CODY'S WHEELS OF HOPE THANK YOU!!!

Thank you for your interest in a bicycle/wheeled toy for your child. Our ONLY requirements are that the child be 15 years old or younger and have a life threatening illness. Because many of these bikes will be shipped you may need someone to assemble them. Helmets may be sent together or separately. We ask that pictures be taken of the child with his/her gift and mailed or emailed. Even if you do not allow us to use them for publicity we love to see the smile of the child receiving the bike/toy. When we receive the signed application and releases we will contact you. If you have allowed us to use your child's photo or photo and name we will post it on our website and Facebook page. (You can find us in Facebook!!!)

Thank you allowing us to brighten your child's life!!!

Please send forms to: Cody's Wheels Of Hope PO Box 8735 Erie, PA 16505

Or email to info@cwoh.org – subject line – Application