

## **Application for Community Group Visit/Performance**

Name of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Brief Description of Activity or performance:

---

---

---

---

---

---

Number in Group (including chaperones): \_\_\_\_\_

Age Range of Group Members: \_\_\_\_\_

Has Your Group Visited Other Facilities? Yes/No

If so, which facility:

---

---

**If this is a performance, do you require any special set up or equipment? Yes / No**

**If Yes, Will you provide the equipment? Yes / No**

**Please return this completed form to:**

The Department of Child Life, Creative Arts Therapy and School Programs  
Nemours/ Alfred I. duPont Hospital for Children  
1600 Rockland Road  
Wilmington, DE 19803  
Phone: (302) 298-7047; Fax: (302) 651-4073  
Email: [childlifeprograms@nemours.org](mailto:childlifeprograms@nemours.org)