

## **Application for Community Entertainment and Performances**

Name of Performing Group/Individual: \_\_\_\_\_

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

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

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

Please provide a brief description of your planned performance, including target age of the audience. For example: *Musical duo performing pop songs on piano and guitar that are appropriate for children of all ages and their families.*

\_\_\_\_\_

\_\_\_\_\_

Performances can be scheduled between 11 am and 5 pm on any day of the week. Typically, we see the most participation from patients and families between 11 am and 1 pm on weekdays. Please list least three choices of dates and times that your group is available to come and we will check our schedule to see if there is availability during one of those times. Once the first visit is arranged, if more visits need to be scheduled, this can be organized later.

#1 Preference – Date: \_\_\_\_\_ Time: \_\_\_\_\_

#2 Preference – Date: \_\_\_\_\_ Time: \_\_\_\_\_

#3 Preference – Date: \_\_\_\_\_ Time: \_\_\_\_\_

Planned length of performance: \_\_\_\_\_ (max of one hour if just a performance; and max of two hours if there is an interactive component; or if a costumed character needs a break)

How much time do you need to setup before your performance begins? \_\_\_\_\_

Number of Performers in Group: \_\_\_\_\_

*Most groups have an average of 15-25 performers. If your group exceeds 25, we will have to determine if we are able to accommodate your group in our performance space.*

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

*\*\*If your group plans to have interaction with patients before or after the performance (i.e. a meet and greet or interactive demonstration or activity), all members must be 16 year of age or older.*

How many visits do you wish to make to the hospital (typical choices include one-time visit, monthly visits, and quarterly visits)? \_\_\_\_\_

Has Your Group Visited Other Pediatric Facilities?      Yes      No

If so, which facilities: \_\_\_\_\_

Equipment Available Through the Hospital	Quantities Available	Number requested
Handheld Microphone	2 available	_____
Lapel Microphone	1 available	_____
Microphone Stand	1 available	_____
Podium with Microphone	1 available	_____
Armless Folding Chairs (for performers)	60 available	_____
8' Long Tables	5 available	_____
6' Round Tables	5 available	_____

*\*Please note, if you are planning to perform on a weekend, we cannot guarantee that all of this equipment will be accessible based on our staff availability. Nemours also does **not** have music stands, risers or a stage for performances.*

Do you wish to use the hospital's Grand Piano?      Yes      No

Will you need recorded music to be played through the Atrium speakers?      Yes      No  
If yes, how will you bring your recorded music?      CD      Flash drive      Tablet or Smartphone

Does your group need a space to change into costumes?      Yes      No

Costumed Mascot Characters ONLY:

We only allow experienced and professional costumed characters to perform at our hospital.

Is the person in costume a professional mascot or character?      Yes      No

Has the costumed character visited other pediatric facilities?      Yes      No

All groups are required to have all members read our community group guidelines before visiting. The link to this document can be found [here](https://www.nemours.org/service/support/naidhcsupport/childlife.html) or by going to <https://www.nemours.org/service/support/naidhcsupport/childlife.html> and clicking on the "get involved" tab and clicking on Guidelines for Community Entertainment and Performances.

***Please Note:*** Due to the required planning and publication timeline of the events calendar for patients and families, all group visit applications must be received at least three weeks before the first requested visit date in order to have time to have applications reviewed and confirmed.

**Please return this completed form:**

By scanning and emailing to: [childlifeprograms@nemours.org](mailto:childlifeprograms@nemours.org)

By faxing to: (302) 651-4073

Or by mailing 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

For questions, call: (302) 651-4903