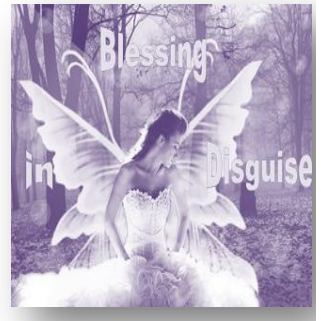


Blessing in Disguise

Nomination Form

"Santa in July"



Decisions are made on an individual basis.

Name of Child: _____	
Date of Birth: _____	Name of Parent(s)/Guardian(s) _____
Address: _____	
Post Code: _____ Email: _____	
Tel. Home: _____	Mobile: _____
Details of nominator (person making the nomination if a third party)	
Name & contact number: _____	_____
Please specify the medical condition or injury suffered by the nominee	
Please describe the difficulties the nominee has faced due to this condition (This information will remain confidential if required)	
Please describe why you feel that the nominee deserves a place on 'Santa in July'	
(Please continue on a separate sheet if necessary)	

Return completed form to:

Blessing in Disguise
6A Enterprise House
Wigan Enterprise Park
Seaman Way
Wigan. WN2 2LE

OFFICE USE ONLY:

Initials

Date Received:		
Method:	Email / Post / Hand.Del.	
Director Decision:	Approved / Declined	
B.I.D. Ref:	SIJ2017	

Or Email to: blessingsindisguisecharity@gmail.com

Tel: 01942 316113