

Our mission is to transform spaces in hospitals and health care facilities in order to improve the lives of children facing illnesses, disabilities, and physical or emotional obstacles – ultimately, putting smiles on kids’ faces!

**Smilezone Foundation Application**

**Please complete the following template, and submit via email to Carly Price – Operations and Communications Coordinator – at** **cprice@smilezone.com****. Submissions will not be accepted by fax.**

**All inquiries will be acknowledged by e-mail within one week of submission.**

**ORGANIZATION INFORMATION**

 **Name of Hospital/Health Care Centre:**

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 **Address:**

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 **Website:**

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 **Contact Name & Position:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Phone Number:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email Address:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Contact:**

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**SMILEZONE PROJECT INFORMATION**

1. **How did you hear about Smilezone Foundation?**

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1. **What program/department(s) you would like a Smilezone built in:**

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1. **Description of the current space(s) you would like a Smilezone built in (i.e. Physical characteristics, key features, etc.)**

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1. **What changes/improvements would you envision in this space(s)?**

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**PROJECT INFORMATION (continued)**

1. **How many children use this space(s) on an annual basis?**

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1. **Demographics of children and families using this space:**

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1. **Do you own or lease your facility?**

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1. **Do you have any upcoming renovation plans within this space? If yes, please describe & timeline:**

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1. **Do you have any upcoming occasions, anniversaries and/or celebrations?**

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Thank you

Our **smilezone** Team will be in touch with you shortly!