



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:

Address:

Website:

Contact Name & Position:

Phone Number:

Email Address:

Alternative Contact:

SMILEZONE PROJECT INFORMATION

A) How did you hear about Smilezone Foundation?

B) What program/department(s) you would like a Smilezone built in:

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

D) What changes/improvements would you envision in this space(s)?

PROJECT INFORMATION (continued)

E) How many children use this space(s) on an annual basis?

F) Demographics of children and families using this space:

G) Do you own or lease your facility?

H) Do you have any upcoming renovation plans within this space? If yes, please describe & timeline:

I) Do you have any upcoming occasions, anniversaries and/or celebrations?

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