



SMILE REQUEST FORM

CONTACT INFORMATION:

NAME: (person requesting help for child)	RELATIONSHIP TO CHILD:
PHONE:	EMAIL:
ADDRESS:	HOW DID YOU HEAR ABOUT US:

CHILD(REN)'S NAME & AGE(S)

DESCRIBE REQUEST
 (FOR EXAMPLE: ATTEND A CAMP, TAKE LESSONS, ATTEND A SCHOOL EVENT, PLAY A SPORT, PROVIDE HOME ESSENTIALS, ETC.)

APPROXIMATE VALUE OF REQUEST:

EXPLAIN THE CIRCUMSTANCES THAT ARE PREVENTING THE CHILD(REN) FROM PARTICIPATING IN THIS ACTIVITY/EVENT

NAME (PRINT): _____

SIGNATURE: _____

DATE: _____

Please allow 3-4 weeks for processing

(HASKD USE ONLY) – name of committee member submitting request