



**DREAM
FACTORY**

THE DREAM FACTORY TRAVEL SERVICE REQUEST FORM

CHAPTER INFORMATION

Chapter: _____

Chapter Contact: _____

Address: _____

Tel Number: (Home) _____ (Work) _____ (Cell) _____

Fax Number: (Home) _____ (Work) _____

FAMILY INFORMATION

Name of Dream Child: _____

Child's Gender: _____ Child's Age: _____ Date of Birth: _____ T-Shirt Size: _____

Child's Medical Condition: _____

Mother's/Guardian Full Name: _____ Date of Birth: _____
(First & Last)

Father's/Guardian Full Name: _____ Date of Birth: _____
(First & Last)

Address: _____

City/State/Zip: _____

Telephone Number: (Home) _____ (Work) _____

Family's E-Mail Address: _____ Total Number Participating in Trip: _____

Siblings & Others Participating In Trip: **(Given full first and last names are required)**

Name: _____ Date of Birth: _____ Gender: _____ Relationship: _____
T-Shirt Size: _____

Name: _____ Date of Birth: _____ Gender: _____ Relationship: _____
T-Shirt Size: _____

Name: _____ Date of Birth: _____ Gender: _____ Relationship: _____
T-Shirt Size: _____

Name: _____ Date of Birth: _____ Gender: _____ Relationship: _____
T-Shirt Size: _____

Name: _____ Date of Birth: _____ Gender: _____ Relationship: _____
T-Shirt Size: _____

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Who Has Legal Custody? Mother _____ Father _____ Both _____ Guardian(s) _____
Have You Obtained Copies Of? Custody Paper(s) _____ Birth Certificate(s) _____
Authorized and Notarized Travel Letter(s) _____

TRAVEL/TRANSPORTATION INFORMATION

Destination of Trip: _____

Proposed Dates of Trip: Primary Date Departure _____ Return _____
Alternate Date Departure _____ Return _____

City of Departure: _____

Special Requests/Medical Needs of Child and/or Participants:

Assistance With Boarding To Aircraft Door _____ or Seat _____ Yes _____ No _____
Bringing Fold-up Wheelchair _____ Yes _____ No _____
Bringing Electric Wheelchair _____ Yes _____ No _____
Non-Stop Flight Medically Necessary _____ Yes _____ No _____
Other: _____

COMPLETE THE FOLLOWING FOR GIVE KIDS THE WORLD ONLY

Rental Car Required: Car: _____ Yes _____ No _____ Van: _____ Yes _____ NO _____
Child Car Seats Required: _____ Yes _____ No _____ Quantity: _____

Name of Driver(s): #1 _____ Date of Birth: _____
State/License #: _____ Expiration Date: _____
#2 _____ Date of Birth: _____
State/License #: _____ Expiration Date: _____

(Driver(s) must be 21 years of age and provide proof of rental insurance)

Have You Obtained Copies Of:
Valid Current Drivers License? _____ Yes _____ No _____
Valid Current Car Insurance Statement Which Transfers to Rental Car? _____ Yes _____ No _____
Will The Dream Factory Be Required To Purchase Car Insurance? _____ Yes _____ No _____

If accommodations are not available at Give Kids The World, is the Chapter willing to schedule the family at a hotel chosen by Give Kids The World at the Chapter's expense? _____ Yes _____ No

Once complete, mail or fax, or upload this form into your chapter's Box.com account, and notify the Dream Factory Coordinator at HQ.

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