** JOHNS HOPKINS ALL CHILDREN’S HOSPITAL**

**GROUP VISIT AND SPECIAL EVENTS APPLICATION**

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group / Performance Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type and Content of Event/Visit (e.g. choir performance, magic show**): To assist with the screening process, audiotapes and/or videotapes may be submitted in addition to the application.

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* **Child Life Dept. - Number of Persons in Group\_\_\_\_\_\_\_\_\_\_\_ ( 5 maximum)**
* **Marketing and Communications Dept. - Number of Persons in Group\_\_\_\_\_\_\_\_\_\_\_ (10 maximum)**

***All visitors must be 15 years of age or older and must have completed the 9th grade.***

**Gifts / Toys:** Is your group planning on distributing or handling out toys or gifts?

Yes No If yes, please provide details of the gift: *(all toys / gifts must be pre-approved)* \_\_\_\_\_\_\_\_

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**Space and/or Equipment Needs:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a website that we can preview**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What dates are you requesting to visit JHACH**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Coverage**: Do you plan to contact the media about your event? Yes No

**References:** List two organizations where you have entertained/visited including contact person and phone number/email.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*Please submit application via email or by mail at least 1 month prior to visit\*\*\*\*\***

**Special Event Contact(s):**

Madison Dilgard: [mdilgar1@jhmi.edu](mailto:mdilgar1@jhmi.edu)

Siobhan Murphy: [smurph69@jhmi.edu](mailto:smurph69@jhmi.edu)

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Johns Hopkins All Children’s Hospital, 500 7th Avenue South, St. Petersburg, FL 33701