



## Cool Kids Vacation Condo Application

### To be completed by a Parent/Guardian:

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Note: If the child is under the custody of only one parent or guardian, please attach a copy of the child custody agreement. Otherwise, both parents/guardians must sign this document.

Name of hospital where child is/was treated: \_\_\_\_\_

Please list the full names and ages of all persons who will be staying at the property. Please note, only family members who reside with the patient are eligible. **Maximum occupancy is 6. No pets allowed and smoking is prohibited.**

1) Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

4) Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

5) Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

6) Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

**Select preferred vacation condo location:** \*please only select one\*

Lewes, DE

Myrtle Beach, SC

**Choice of Dates:**

Saturday to Saturday – Check in 4:00pm, Check out 10:00am

Please provide us with your choices of vacation week:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

**Dates are subject to first come, first served & based on family eligibility.**

We cannot confirm your dates until the application process is complete and has been approved.

I/we understand and recognize that participation at the Cool Kids Campaign vacation condo is contingent upon approval by the Cool Kids Campaign Foundation as well as compliance with all conditions, qualifications and restrictions designated by the Cool Kids Campaign Foundation, Inc. By signing below, I verify that my child has been cleared by his/her medical team to travel and stay in the Cool Kids Campaign vacation condo.

**Once your application is reviewed and your vacation date is approved, you will receive the final two documents (Property Agreement and Liability & Photo Release). To confirm your reservation, these documents are to be completed and returned within two weeks of receipt.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Any additional comments:

Once this application is complete, please submit via email to the following:

**Lewes, DE condo:** [danielle@coolkidscampaign.org](mailto:danielle@coolkidscampaign.org)

**Myrtle Beach, SC condo:** [camille@coolkidscampaign.org](mailto:camille@coolkidscampaign.org)