

Application for Special Event / Visit / Presentation / Performance

Organization / Company Name: _____

Contact Person: _____

Address: _____

Telephone: _____ E-mail: _____

Please provide a brief description of your proposed visit type/activity/performance/presentation.

Type of Visit: Virtual / In-Person

Length of time needed for visit? _____

Time needed for Set-Up/Clean-Up: _____

Group size: _____

Facility / Equipment Requirements: _____

Will you be using a script? Yes / No If yes, please provide a copy with completed application.

Proposed Dates / Times for visit / event (please provide a few options):

Have you ever entertained / visited Cleveland Clinic Children's before? Yes / No

If yes, when and what type of visit / event? _____

Signature: _____

By signing this application, I agree that I have read, understood, and agree to all guidelines

Please return completed application to:
Cleveland Clinic Child Life Department
9500 Euclid Ave, S1-18, Cleveland, OH 44195
Childlifemaincampus@ccf.org

Fax: 216-636-5318