



CONFIDENTIAL PURE IMAGINATION APPLICATION

COMPLETED APPLICATIONS SHOULD BE MAILED OR FAXED TO:

*Pure Imagination Charity
ATTN: Layla Gunn - Application Dept.
8295 Royal Melbourne Way
Duluth, Georgia 30097
Fax – 404.418.6964*

What is Pure Imagination?

Pure Imagination is a 501 (c) (3) non-profit organization which encourages GENEROUS CHILDREN to form lifelong friendships with other children that have faced a life adversity, usually a chronic or terminal illness by SHARING EXPERIENCES - allowing these children to escape hospitals, protocols, intense scheduling and difficult daily challenges and EMBRACE HOPE by creating lasting memories beyond their imagination. This year round program is partially funded by local Atlanta children who are committed to helping other children. It focuses on Atlanta area attractions and will allow participants to establish lasting friendships with the generous children that help raise funds for this program and the hopeful children that are afforded a unique adventure because of these charitable children's efforts. Participants will experience local Atlanta attractions, events and venues that otherwise could not be afforded, and enjoy the gift of intimate family time together where the focus turns from living with an illness to creating lasting memories beyond their imagination.

Applicants will be notified within 30 days of receiving your application as to the status of your application.

“Generous Children” accepted to the Pure Imagination program generally meet the following criteria:

- **The child must be between the ages of 6 and 17 years old, or will be at the time the application is submitted.**
- **The child/family is committed to helping others and being active in the community**
- **The child has a generous and creative spirit**

DO NOT STAPLE APPLICATION PAGES

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A parent or legal guardian must complete and sign this application

Date of Application: _____

Part 1: Child's Information

Name of Child: _____ Male or Female

Address of Child: _____

Street Address Apt. # City/State/Zip Code

Home Phone: _____ Birth Date: _____

Name of Child's School: _____

Grade Level: _____ Name of Child's Teacher: _____

T-Shirt Size: _____

Part 2: Parent or Legal Guardian's Information

Name of Person Completing Application: _____

Relationship to Applicant: _____

Address if Different from Child: _____

Street Address Apt. # City/State/Zip Code

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

Other Parent/Guardian Contact Information:

Name: _____

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

With Whom Does the Child Currently Reside: Both Parents ____ Mother ____ Father ____

Legal Guardian ____ Other ____

Is English the parents' first language? Yes ____ No ____

Name of Mother's Employer: _____

Name of Father's Employer: _____

Emergency Contact Information – Someone other than parent/legal guardian listed above.

Name: _____

Home Phone: _____ Cell: _____ Work Phone: _____ Email: _____

Part 3: Family Information

Please list all family members who live in the same household with the applicant. **Only immediate household members will be considered to attend any Pure Imagination events :**

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>T-Shirt Size</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any other members residing in the same household as the child with an illness or disability?
Yes _____ No _____ If yes, please explain:

Describe your families interest and hobbies: _____

Part 4: Atlanta Area Attractions Information

Has your child ever visited:

- Georgia Aquarium? Yes _____ No _____ If yes, when? _____
- Fernbank Museum? Yes _____ No _____ If yes, when? _____
- Zoo Atlanta? Yes _____ No _____ If yes, when? _____
- Atlanta Botanical Gardens? Yes _____ No _____ If yes, when? _____
- Sporting Events (Braves, Falcons, etc) Yes _____ No _____ If yes, when? _____
- World of Coke Yes _____ No _____ If yes, when? _____
- Fox Theatre Yes _____ No _____ If yes, when? _____
- Imagine It! Children's Museum Yes _____ No _____ If yes, when? _____

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Please list all family members who have visited any of the above attractions (provide details):

What adventure(s) or Atlanta attraction(s) is your child most interested in sharing? Why? _____

Part 5: Philanthropy

What other charitable organizations or community service has your child participated in? Please describe in detail their level of involvement, length of time and reason for participating. _____

What do you believe your child can do to increase awareness about Pure Imagination? _____

Has your child had any social interaction with other children that are chronically or terminally ill? If so, please describe the circumstances and their comfort level with being around other children with medical challenges.

Has your child ever raised funds for a charity? If so, please describe in detail. _____

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What ideas does your child have for fundraising opportunities to benefit Pure Imagination? And what are their specific goals? _____

What will you do to assist your child in their commitment to the Pure Imagination program? _____

Part 6: Specific Event Information - IF your child were accepted...

Would you be able to transport your child to Pure Imagination events? Yes _____ No _____

Would you be able to attend Pure Imagination events that occur during the week? Yes _____ No _____

Would a visit to Atlanta attractions be possible without the help of Pure Imagination? Yes _____ No _____

Does your child have any dietary restrictions or allergies? Yes _____ No _____

If yes, please explain: _____

Do any other immediate family members have any dietary restrictions or allergies? Yes _____ No _____

If yes, please explain: _____

Have you submitted an application to Pure Imagination before? Yes _____ No _____ Year? _____

Part 7: Essay – To be completed by child

Please describe in detail why you want to be a part of the Pure Imagination Program (attach additional pages, if necessary):

Part 8: Release

I hereby certify that the information I have provided in this application is true, correct and complete. I hereby authorize Pure Imagination Charity Inc., or anyone acting on their behalf, to investigate the statements made in this application, and any references provided herein, and further authorize the release of such information without liability to Pure Imagination Charity Inc., its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors, and assigns, or any person acting under their authority.

I HEREBY WAIVE, RELEASE AND DISCHARGE PURE IMAGINATION CHARITY INC., ITS AFFILIATES AND SUBSIDIARIES, AND THEIR RESPECTIVE OFFICERS, DIRECTORES, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS, OR ANY PERSON ACTING UNDER THEIR AUTHORITY RELEASEES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLIGENT ACT OR OMISSION OF RELEASEES.

Signature of Person Completing Application

Signature of Parent or Legal Guardian

Print Name of Person Completing Application

Print Name of Parent of Legal Guardian

Date

Date

PLEASE MAIL OR FAX COMPLETED ORIGINAL APPLICATION TO:
PURE IMAGINATION
ATTN: LAYLA GUNN - APPLICATION DEPT.
8295 ROYAL MELBOURNE WAY
DULUTH, GEORGIA 30097
FAX – 404.418.6964

Note: This application will be considered without regard to race, color, religion, national origin, sex, disability or marital status.