

Childs first name:	
Childs Surname:	
Date of birth	The child must be 3-18 years
Address:	Must reside in the UK
Name of person applying:	
Relationship to child:	Date of application:
	Email:
Please state the illness of the child:	
Will the child/ren require the use of oxygen or other sp	pecial aids to be used in one of our homes?
Will the child/ren need access to hospitals with special	criteria?
How many adults and children would be applying for h	noliday please state ages of siblings:
Would you also please state if you are employed/unen	nployed:
Do you have transport/or is it needed:	
Has the child received a holiday/wish from any other cl	haritable organisation or has one pending?

If so Dream Makers are unable to support your application.

Would you please also include:

A letter/copy of the diagnosis of child from doctor or physician treating the child you are making application on behalf. (please inform us if the child is terminal and needs immediate response to application)

Under no circumstances are pets allowed in the holiday homes or smoking due to allergies and serious breathing difficulties that some children may suffer from.

Dream Makers now require a £100.00 non refundable deposit once your holiday to one of our homes is agreed.

Due to a significant amount of requests we may not be able to offer a holiday until the following year we do not hold a waiting list. We generally have the homes fully booked by 1st March which is when the holiday season starts. (however we may have cancellations so please enquire) we are not able to offer just the main six weeks the homes run from 1st March to end October you will be designated three dates once accepted. (generally schools make exceptions when asked) or we could speak to them on your behalf.

Dream Makers over the years have supported children and their families with our holidays and look forward to supporting many more over the coming years we look forward to receiving your application and any questions.