



APPLICATION FOR A WISH

WISHING WELL WEDDING AND EVENT FOUNDATION grants weddings, vow renewals and celebrations in the Calgary Area. Priority is given to couples facing life threatening illness, but occasionally we are able to grant "Special Circumstance" wishes, based on available resources. Wish Applicants are encouraged to read more about our wishes prior to submitting this application.

*We **do not** grant wishes for financial hardships, job loss, or for any person who has been committed of a felony.

Please fill out this application to be considered. Incomplete forms will not be accepted. Be as thorough as possible. Please send all applications via email to lesley@wishingwellfoundation.ca

Wish Applicant Name:	Fiancé/Partner Name: (if applicable)
Wish Applicant Home Address:	Fiancé/Partner Home Address: (if applicable)
Wish Applicant Home Phone:	Fiancé/Partner Home Phone: (if applicable)
Wish Applicant Cell Phone:	Fiancé/Partner Cell Phone: (if applicable)
Wish Applicant Email:	Fiancé/Partner/Guardian Email:
Male or Female:	Male or Female:

Is this a Wedding? YES/NO

Is this a Vow Renewal? YES / NO

Is this an Event for a child? Yes/NO

What is your preferred language? _____

Is this application being filled out by a hospice worker or caretaker? YES / NO

Will your Wish take place in a hospice/hospital? YES / NO

What month would you prefer you're Wish to take place?

For Wedding Wishing ONLY please fill out below:

Tell us your love story & how you met?:

For Any Other Wish Please Fill Out Below:

Age of Wish Recipient: _____

What does your wish look like?

Physician Name: _____

Physician Address: _____

Phone Number: _____

Physician Email: _____

If the Applicant is in hospice care:

Hospice Name: _____ Phone Number: _____

Applicants Diagnosis: _____

Current life expectancy in MONTHS: _____

Please describe current medical treatments, frequency, and patient well being:

Have either the Wish Applicant or Partner been convicted of a felony? YES / NO

If yes, please explain the circumstances of the felony:

Please provide a recent photo of the couple. Review and sign the attached Medical Information Release form if requesting a Wish based on any type of illness.

Applicants must be over the age of 18, legal citizens of Canada, and must agree to a full background check. Background checks with felony convictions cannot be approved. Wish Applicant agrees to submit a Medical Information Release Form. Wish Applicants may be asked to participate in press and media opportunities. Wishing Well Wedding & Event Foundation is very cognoscente of the wish applicant's privacy and will ask if the wish applicant agrees to news reporters detail their wedding. Maximum guest count shall never exceed 50 guests, including wedding party and all guests. Wishes may take place only during weekdays. Wishes or venue locations are never guaranteed. Wishing Well Wedding and Event Foundation provides all vendors needed to fulfill the Wish, and the Wish Applicants may not provide their own vendors, even if friends or family members. All Wishing Well Wedding and Event Foundation Wish Star Sponsors must submit an online application to be considered as a Wishing Well Wedding and Event Foundation Star Sponsor. For expenses related to the wedding that are outside the capability of Wishing Well Wedding and Event Foundation, the Wish Applicant may be asked to provide a credit card. Wishing Well Wedding and Event Foundation, is not responsible for forfeited monies incurred outside the capability of what Wishing Well Wedding and Event Foundation is able to perform. Wishing Well Wedding and Event Foundation does not provide airfare, travel or lodging for the Wish couple or their guests. Wishing Well Wedding and Event Foundation never provides alcohol and is not responsible for any alcohol-related incidents that occur at a Wishing Well Wedding and Event Foundation Wish.

Wishing Well Wedding and Event Foundation reserves the right to cancel a wish after it has been granted for any reason whatsoever, including but not limited to: false information provided by Wish Applicant, Wish Applicant breaking any part of the Wish Agreement contract, information coming to Wishing Well Wedding and Event Foundation regarding Wish Applicant. Please acknowledge Wish Applicant has read the information above.

Initials: _____

I certify that all information provided as part of this application is honest and accurate, to the best of my knowledge.

Applicants Signature: _____

Date: _____

Please note that Wishing Well Wedding and Event Foundation will do our best to grant as many Wish Applicants as possible. Unfortunately due to available resources, we will not be able to grant every wish. Wishing Well Wedding and Event Foundation reserves the right to deny or cancel a Wish at any time if a violation of these terms has been found. Wish recipients must comprehend, agree to and comply with the terms of the application and contracts that they sign throughout the Wish granting Process

How did you hear about Wishing Well Wedding and Event Foundation?

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| <input type="checkbox"/> Facebook | <input type="checkbox"/> TV Show | <input type="checkbox"/> Online Article |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Radio | <input type="checkbox"/> Association of Bridal Consultants |
| <input type="checkbox"/> Doctor/Hospice/Hospital | <input type="checkbox"/> Magazine Ad | <input type="checkbox"/> Google Search |
| <input type="checkbox"/> Wedding or Bridal Fair | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other (please specify) |