

Entertainment/Group Visit Information Sheet

We appreciate your interest in visiting the children at Levine Children's Hospital. Please complete the following form and leave the shaded areas blank as these will be completed by Volunteer Services. We will do our best to accommodate your scheduling desires, and **request you to submit this form at least one month prior to your 1st choice scheduling date.**

Name of Group: _____

Address: _____

Name of Contact: _____ Phone Number: _____

Email Address: _____

Description of the activity/visit: _____

Recommended ages for participation: _____

Number of people in group (less than 10): Adults: _____ Children (over 14yr): _____

Anticipated media coverage: Yes No **Approved by:** _____

Anticipated Photographs: Yes No **Approved by:** _____

Preferred date/time of visit (Tuesday or Thursday, 10:00AM, or 2:00PM)

1st choice: _____ 2nd choice: _____

3rd choice: _____

Please list the props, instruments, gifts, handouts that you will bringing: _____

Approved By: _____

Please return to:

Levine Children's Hospital

Deana Williams – LCH Administration

1000 Blythe Blvd

Charlotte, NC 28203

Fax Number: 704-381-7666 (Please note that this allows for faster processing)



Our world revolves around children.