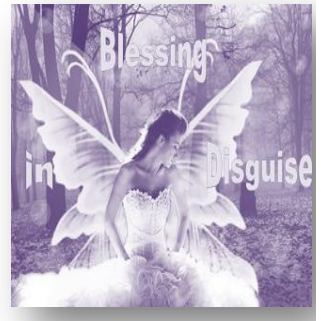


# Blessing in Disguise

## Nomination Form

### "Santa in July"



Decisions are made on an individual basis.

Name of Child: _____	
Date of Birth: _____	Name of Parent(s)/Guardian(s) _____
Address: _____	
Post Code: _____ Email: _____	
Tel. Home: _____	Mobile: _____
<b>Details of nominator</b> (person making the nomination if a third party)	
Name & contact number: _____	_____
<b>Please specify the medical condition or injury suffered by the nominee</b>	
_____	
<b>Please describe the difficulties the nominee has faced due to this condition</b> (This information will remain confidential if required)	
_____	
<b>Please describe why you feel that the nominee deserves a place on 'Santa in July'</b>	
_____	
(Please continue on a separate sheet if necessary)	

Return completed form to:

Blessing in Disguise  
6A Enterprise House  
Wigan Enterprise Park  
Seaman Way  
Wigan. WN2 2LE

OFFICE USE ONLY:

		Initials
Date Received:		
Method:	Email / Post / Hand.Del.	
Director Decision:	Approved / Declined	
B.I.D. Ref:	SIJ2018	

Or Email to: [blessingsindisguisecharity@gmail.com](mailto:blessingsindisguisecharity@gmail.com)

Tel: 01942 316113