



Shriners Hospitals
for Children®

Appearance Request — Patient Spokesperson

Patient Spokesperson Requested: _____

Event Date: _____ Requester's Name: _____

Requester's Phone: _____ Email: _____

Name of Event: _____

Event Description: _____

Event Start and End Time: _____

Expected Event Attendance: _____

Length of Appearance: _____

Activities Asked of Patient: _____

(i.e. speech, ribbon cutting, video, media interview, etc.)

Expenses covered: Transportation Hotel Meals

For how many family members? (recommended: patient and 1 parent): _____

If out of town travel is necessary, how many days is patient needed? _____

Contact person for travel arrangements: _____

Phone: _____ Email: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Please list or attach any additional information (website, etc.): _____

For Local Hospital Patient Ambassador Requests:

Fill out this form and return it to the Marketing and Communications Department at the hospital/medical center where the patient is being treated at.

For National Patient Ambassador Requests:

Fill out this form and return it to Rita Costa, Project Manager,
Shriners International, 2900 Rocky Point Drive, Tampa, FL 33607.