

Application Date:

Trip Recipient/Applicant Name:		
Address:		Apt#
City:	State:	Zip:
Contact Person submitting information:		
Name:		Relationship to Recipient:
Address (if different from recipient):		Apt#
City:	State:	Zip:
Cell Phone Number:		Email:
Legal Name of those travelling: First, MI, Last	Age -	Date of Birth
1.	-	
2.	-	
3.	-	
4.	-	
5.	-	
<i>- Who is the Head of the Household?</i>		
<i>- Who else provides financial support to the family?</i>		
<i>- How did you hear about Project Angel Fares?</i>		
Tell us about the special needs diagnosis of this person and overall health:		
What would you hope to remember about this trip to Morgan's Wonderland?		

Required Items:	
- <i>Current tax return/proof of income/or disability for the head of household & persons providing support.</i>	
- <i>Provide a recent photo of the child (and family, if possible). We request approval to use any photos taken or provided should your child be selected. Please initial your approval: _____</i>	
Medical Information Required: Use a separate piece of paper if necessary. Please list all devices.	
1. What medical devices must the child have with them at all times. Taking into account flight time (duration) airline seating (chest harness), oxygen, etc., whether wheelchair is manual or motorized.	
2. Will the recipient require liquid medicines/food while travelling which are over 3 ounces in weight? Please provide details.	
3. Will the recipient require a Handicap Accessible Room and/or vehicle? *	
4. Will the recipient require a refrigerator for medications/food in the room?	
5. Are there any special sleeping requirements that the recipient needs? Please provide details.	
6. Is there anything else we should know about the recipient or family members who would be accompanying them?	
7. What is the nearest major airport closest to your residence?	
8. Will you be travelling with a service/companion animal? Yes No Proof of certification required.	

Check List:	<input type="checkbox"/>	Income Tax Return and/or proof of disability Attached
	<input type="checkbox"/>	Photo (s) Attached
	<input type="checkbox"/>	Copy of Driver's License for those adults operating the rental vehicle
	<input type="checkbox"/>	Copy of Insurance Card if you will require an Accessible Van*
	<input type="checkbox"/>	Copy of Service Animal Certification

Please email, fax or mail the required information to PROJECT ANGEL FARES:

eMail: sharonk@projectangelfares.com

ofc: 210-564-1322

Mail: 10731 I35 No, San Antonio, TX 78233

fax: 210-599-3102

PAF Website: www.projectangelfares.com

Morgan's Wonderland Website: www.morganswonderland.com

Note: The purpose of this trip is to have the opportunity to visit Morgan's Wonderland and experience the ultra-accessibility rides the park provides. Project Angel Fares is providing this for a family up to 5 people. The recipient child must be 3 years of age or older. Trip is for 4 days, 3 nights. Valid legal United States identification card required for adults travelling. Proof of auto insurance with approved coverage is required for accessible van rental.