



Featured Hero Application
6093 Andhurst Dr, Gulf Shores, AL 36542
www.jensensheartofgold.com

The child accepted must be in remission or out of treatment for greater than 18 months and be able to attend opening ceremonies at the Super Slugger Tournament.

Child's Name: _____

Mother: _____ **Father:** _____
(or Legal Guardians)

Address: _____ **City:** _____ **State:** _____

Phone: _____ **Cell:** _____

Diagnosis: _____ **Date of Diagnosis:** _____

Stage and Category of disease (if cancer): _____

Date of last treatment: _____

Current prognosis (remission/NED, stable, etc.): _____

Hospitals or Institutions where child is or was being treated: _____

Names, ages, and relationship to patient of all people living in the household:

Name:	Age:	Relation:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us a little bit about your child

Caringbridge, care pages, or any blog website: _____

***If family suffers financial hardship as a direct result of the child's diagnosis, please request and fill out a Hardship Assistance Application form.**

I give permission for Jensen's Heart of Gold Foundation to use the name of my child and/or my family as a featured hero in promotional materials. Any photographs submitted may be used as well.

I hereby acknowledge that a completed Featured Hero Application does not guarantee acceptance, and that all applicants will be reviewed and voted on by the Board of Directors. The child accepted must be in remission or out of treatment for greater than 18 months and be able to attend opening ceremonies of the Super Slugger tournament. The applicant will be asked to throw out the first pitch of the tournament and he/she and their family will be recognized at the event and in all media coverage.

I certify that the statements contained herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I am accepted.

Signature: _____

Date: _____

Relation to Patient: _____

"Jensen's Heart of Gold, Inc. chooses candidates without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, or national origin."

Please mail completed Featured Hero Applications to:

Jensen's Heart of Gold Foundation

Attn: Melissa Byrd
6093 Andhurst Dr.
Gulf Shores, AL 36542

