**WONDER WISH APPLICATION**

Please email this application along with any other supporting material to ftenconi@csdf.org. We review the wishes quarterly, so please allow 3 months for a decision.

If your wish is granted, we will ask you to document your wish with pictures and/or video that we can share with our donors.

WISHER’S INFORMATION

First Name: Last Name: Date of Birth: Age:

Home Address:

1. How many years has you or your child attended Camp Wonder?
2. Please describe how Camp Wonder impacted you or your child?
3. Have you or your family been granted a wish by any other organization, school, church…?

PARENT INFORMATION

**Parent 1**

First Name: Last Name:

Occupation:

**Parent 2**

First Name: Last Name:

Occupation:

Please list any siblings with their ages:

WISH DETAILS

1. Please describe your or your child’s wish including when and how many people (limit total 250 words).
2. Why is this wish important to you or your child (limit total 500 words)?
3. What is the *approximate* cost of this wish? Please list all elements (for example: airfare, admission tickets, hotels…)

You may also submit photos or a video to help us better understand why this wish is so important.