

2023 Holiday Card Submission Form

Name of Child Creating Art: _____ D.O.B. _____ / _____ / _____

Gender:

Male Female

Check all that apply:

- Patient Off treatment in survivorship SIBLING of child off treatment
 Sibling SIBLING in bereavement
 On treatment SIBLING of child on treatment

Please provide the information below related to the patient:

Oncology Hematology

Diagnosis / Illness: _____

Date of Diagnosis: _____ / _____ / _____

Some brief details (such as current condition, prognosis, how he/she is doing emotionally, etc. Whatever you feel is relevant to the illness): _____

ARTIST:

Hobbies/ Interest: _____

When I grow up I want to be: _____

PATIENT:

(only complete this section if the artist is a SIBLING of a patient)

Hobbies/ Interest: _____

When I grow up I want to be: _____

Name of Parent / Guardian: _____ Primary Phone Number: _____ - _____ - _____

Mailing Address: _____

Would your child like to be considered for Custom Card Artwork?

Yes No

Custom card artwork would need to be submitted within 1-2 weeks

Please mail or email your artwork to:
Children's Cancer Center | Attn: Gracie Goltermann | 4901 W. Cypress St. | Tampa, FL 33607
ggoltermann@childrenscancercenter.org

Artwork is due: June 26th, 2023

Please include in your submission packet:

1. All artwork

2. Completed submission from

3. A nice photograph of the artist