



Wishing Well Texoma
PO Box 2565
Sherman, TX 75091-2565
(903) 868-WISH

REQUEST TO WISHING WELL TEXOMA

Name of Proposed Wish Child: _____

Person completing this Request: _____

Phone #: _____ How do you know this Child: _____

D.O.B. ____ / ____ / ____ Age: ____ Sex: Male Female

Wish Child's
Physical Address: _____
Street City State Zip

Biological Mother's Name: _____

D.O.B. ____ / ____ / ____ Phone #: ____ Cell #: ____

Mother's Address: _____
 Same as child Street City State Zip

Email: _____ County: _____

Driver License #: _____ State: _____

Employer: _____

Supervisor: _____ Work Phone: _____

Biological Father's Name: _____

D.O.B. ____ / ____ / ____ Phone #: ____ Cell #: ____

Father's Address: _____
 Same as child Street City State Zip

Email: _____ County: _____

Driver License #: _____ State: _____

Employer: _____

Supervisor: _____ Work Phone: _____

Does the child reside with both biological parents? Yes No

Who has legal custody? Both Mother Father Guardian*

*If Guardian or if different from parents listed above, provide name and address of conservator/guardian (and furnish letters of guardianship):

Guardian: _____

Guardian Address: _____
 Same as child Street City State Zip

Email: _____ County: _____



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REQUEST TO WISHING WELL TEXOMA (continued)

Names/s and Age/s of siblings that reside in the home:

Last Name	First Name	Age	D.O.B.	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the above under any legal limitations for traveling? Yes No

If yes, list each and explain: _____

Physician Address _____
 and Phone #: _____
Street City State Zip Phone

Diagnosis of child's illness: _____

Physical Limitations: _____

Explain what the child knows about his/her illness: _____

List all wishes, trips, gifts, etc. previously granted (include dates and non-profit agencies):

How did you hear of Wishing Well Texoma? _____

Describe child's wish in detail: _____

If this is a travel wish, please list three travel date options in order of preference:

1. ____ / ____ / ____
2. ____ / ____ / ____
3. ____ / ____ / ____

Return this request to:

- Wishing Well Texoma • PO Box 2565 Sherman, TX 75091-2565 -OR-
- WishingWellTexoma@gmail.com -OR-
- Any committee member