



# SONGS OF LOVE PROFILE SHEET

For Office Use Only

PLEASE PRINT CLEARLY OR TYPE. Information that can't be read will not be included in the song. Attach more pages if necessary.

DUE DATE \_\_\_\_\_  
SW \_\_\_\_\_  
DR \_\_\_/\_\_\_/\_\_\_ DC \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_  MALE  FEMALE

SPECIAL INTERESTS, HOBBIES, FAVORITE THINGS \_\_\_\_\_

OTHER (FAMILY MEMBERS, FRIENDS, PETS, TYPE OF MUSIC, ETC.) \_\_\_\_\_

3 PHRASES THAT COME TO MIND WHEN YOU THINK OF YOUR CHILD \_\_\_\_\_

PLEASE USE THIS SPACE TO SPELL NAMES PHONETICALLY FOR PROPER PRONUNCIATION \_\_\_\_\_

If possible, please send photo. Songs are delivered on CD approximately 4-8 weeks after request is received and can be performed in any language. In case of special circumstances, please let us know and song will be ready as quickly as possible.

**PLEASE FILL OUT ALL INFORMATION. INCOMPLETE FORMS CANNOT BE PROCESSED.**

MEDICAL FACILITY \_\_\_\_\_ CITY/STATE \_\_\_\_\_

CONTACT NAME/TITLE \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_  
USUALLY A CHILD LIFE SPECIALIST, SOCIAL WORKER OR NURSE AREA CODE

CHILD'S DIAGNOSIS \_\_\_\_\_

### INFO ABOUT PARENT OR LEGAL GUARDIAN:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE WITH AREA CODE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

HOW DID YOU HEAR OF SONGS OF LOVE?  Hospital  Friend/Relative  Website  Music Messenger \_\_\_\_\_  
 Mag./Newsp. Ad (specify) \_\_\_\_\_  TV/Radio (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_  
NAME

### WHERE SHOULD THE SONG BE SENT?

Check if address is the same as Parent/Legal Guardian

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PUBLICITY RELEASE:** I, the undersigned, hereby grant to Songs of Love Foundation (Songs of Love) the right, license and privilege to use my name, likeness, photograph, voice and biography, as well as the "Song of Love" written for me in such manner as Songs of Love shall deem appropriate, (including but not limited to fundraising, etc.) in order to promote, advertise and publicize Songs of Love and its charitable activities.

\_\_\_\_\_  
Name of Parent or Guardian, typed or printed

\_\_\_\_\_  
Name of Minor, typed or printed

**SIGN HERE** → **X**

Authorized Signature (If the person granting this Publicity Release is a minor, parent or guardian must sign.)

**DATED:**

(MONTH/DAY/YEAR)

**NO PUBLICITY**  Check this box if you do **not** want publicity.

**PLEASE SEND PROFILE TO:**  
SONGS OF LOVE FOUNDATION • P.O. BOX 750809, FOREST HILLS, NY 11375  
PHONE (800)960-SONG (7664) • FAX (718) 441-7372 • WEBSITE: WWW.SONGSOFLOVE.ORG