



Joe DiMaggio
Children's Hospital®



Please submit Prom Registration no later than May 3, 2024

PATIENT INFORMATION

First Name Last Name Age Gender Phone Number

Mailing Address City / State Zip Code Email

Dietary Restrictions / Food Allergies: _____

Primary Care Physician Name Phone Number

PARENT/GUARDIAN INFORMATION

Parent / Guardian Name(s): _____

Email: _____

Best way to reach family: _____ Primary Language: _____

Phone #1 : _____ Phone #2 : _____

PROM DETAILS

JOE DIMAGGIO CHILDREN'S HOSPITAL ONLY

You'll receive a Macy's Gift Card to purchase your evening wear and accessories.

If you're unable to pick up your Gift card, what is the best address to Mail it? (Please include apartment # if applicable)

Would you be interested in attending an in-person shopping event at JDCH with personal stylists from Macys on May 20th?

YES NO

A Prom Pal is a Hospital Staff designated to give assistance during the event if needed.

On Prom night, would you like a Prom Pal to help you celebrate? YES NO

T- SHIRT

Prom Giveaway: What is your T-Shirt Size (adult sizes)**

Extra small

Small

Medium

Large

Extra Large

GUEST INFORMATION

(if no guest, "write NONE") *PLEASE NOTE PARENTS CANNOT BE A GUEST**

First Name	Last Name	Age	Gender	Phone Number
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Email: _____ Relation to Patient: _____

Guest Emergency Contact Name: _____

Phone # 1: _____ Phone #2 : _____

Primary Language: _____

Dietary Restrictions / Food Allergies: _____

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Signature

Date