



Nomination Form 2024



Decisions are made on an individual basis.

Name of Child: _____

Date of Birth: _____ Name of Parent(s)/Guardian(s) _____

Address: _____

Post Code: _____ Email _____

Tel. Home: _____ Mobile: _____

Details of nominator (person making the nomination if a third party)

Name & contact number: _____

Please specify the medical condition or injury suffered by the nominee

Please describe the difficulties the nominee has faced due to their condition
(This information will remain confidential if required)

Please describe why you feel that the nominee deserves a place on 'Santa in July'

(Please continue on a separate sheet if necessary)

Return completed form to:

Blessing in Disguise
Lilford House
St. Helens Road
Leigh
WN7 4HG

OFFICE USE ONLY:

		Initials
Date Received:		
Method:	Email / Post / Hand.Del.	
Director Decision:	Approved / Declined	
B.I.D. Ref:	SIJ2024	

Or Email to: [blessingsindisguisecharity@gmail.com](mailto: blessingsindisguisecharity@gmail.com) or Phone 01942 316113