

STONE'S BUDDIES REGISTRATION

If you think parties, trips to exciting events, new friends and more are things you and your family might enjoy as members of *Stones' Buddies* at Women & Children's Hospital of Buffalo, please fill out the following form.



You're never alone.

Yes, I want to be a part of Stone's Buddies!

Name: _____

Parents' or Guardians' Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

Age: _____ Birthday: _____

School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

(Optional) Illness or condition: _____ Special needs (i.e. wheelchair, walker, oxygen, etc.): _____

These are a few of my favorite things: _____

The top five things on my wish list are: _____

Membership Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____