



GIFT OF TIME TOGETHER™ APPLICATION



If you are interested in participating in the Gift of Time Together™ program through the Carson Higgins Memorial Foundation, please complete this application and return to giftoftimetgether@carsonstrong.org

NAME: _____ EMAIL: _____

PRIMARY PHONE: _____ MOBILE _____ HOME _____

STREET ADDRESS, CITY AND STATE: _____

Which best describes you? (Select all that apply):

- ☐ I have cancer and have kids under 18
- ☐ My spouse/significant other has cancer and kids under 18
- ☐ My child is under 21 and has cancer
- ☐ We are a bereaved family affected by cancer (parent or child)
- ☐ Other (please describe): _____

Other Important Information:

What type of activity would you want to do with your family? Select all that apply.

- ☐ Weekend getaway in a cabin
- ☐ Amusement/aquatic park
- ☐ Zoo/family fun (day trip)
- ☐ Arts/theatre/culture
- ☐ Sporting events

Do you have a season that you would prefer to travel? Select all that apply.

- ☐ Winter (December – February)
- ☐ Spring (March – May)
- ☐ Summer (June – August)
- ☐ Fall (September – November)
- ☐ Any time during the year

How far would you be willing to travel from your home to a destination? Select all that apply.

- ☐ 30 minutes or less
- ☐ Up to 1 hour
- ☐ Up to 2 hours
- ☐ 2 hour or more
- ☐ All of the above

What would the ideal timeframe for a trip away with your family? Select all that apply.

- ☐ 1 day
- ☐ 2 days, 1 night
- ☐ 3 days, 2 nights
- ☐ 4 days, 3 nights
- ☐ All of the above

How many family members would you like to attend? _____

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What would make your time together as a family special? _____

Is there anything we should know prior to contacting you about an experience? _____


I understand and agree that my consent to these services is given in consideration of my being permitted to participate in the complementary services provided by the Carson Higgins Memorial Foundation. I acknowledge that I am a voluntary participant in these activities and assume full and complete responsibility for any injury, loss, or damage which may occur during my participation in these events hosted by the Carson Higgins Memorial Foundation. I hereby release and hold harmless the Carson Higgins Memorial Foundation, the 501©3 organization, and all employees, agents, and directors of the Carson Higgins Memorial Foundation for any and all claims, causes of action, suits, or other proceedings which in any way relate to my participation in the complementary services being offered by the Carson Higgins Memorial Foundation for personal injuries or any other damages sustained.


Signature: _____ Date: _____

Print Name: _____

For more information about the Carson Higgins Memorial Foundation and the Gift of Time Together™ Program, visit the following:


 www.carsonstrong.org

 @carsonhigginsmemorialfoundation

 @carsonstrong4

 Carson Higgins Memorial Foundation

 gifttimetogether@carsonstrong.org

 (330) 931-0291