



# The Cassie Hines SHOES CANCER FOUNDATION

## Travel Assistance Application

The Cassie Hines Shoes Cancer Foundation (CHSCF) offers financial assistance to Adolescent and Young Adults (AYA) wishing to attend a cancer camp whose mission is to enhance the survivor's life through social support. The fund will cover the cost of airline transportation to and from the camp only. Funding for travel is limited. Travel assistance will be approved only upon receipt of all completed application materials and confirmation from your camp choice that you are scheduled to attend. We will also be contacting your oncology treatment facility to confirm age at time of diagnosis.

**\*There are FOUR (4) pages to this application.**

**If you are under the age of 18, a parent or legal guardian must complete this form.**

**Complete this form and return to:** Cassie Hines Shoes Cancer Foundation  
PO Box 345  
Washington, MI 48094  
Fax: (586) 232 1273  
Email: [travel@CHSCF.org](mailto:travel@CHSCF.org)

Name of Applicant/Traveler: \_\_\_\_\_ M \_\_\_ F \_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

How did you hear about The Cassie Hines Shoes Cancer Foundation?

Internet  Another Traveler  Your Camp Choice \_\_\_\_\_

Medical center  Other (please explain) \_\_\_\_\_

**EMERGENCY CONTACT** (Must be a parent or guardian if under 18)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Phone #2 (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical Center Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person's Phone: (\_\_\_\_\_) \_\_\_\_\_

Type of Cancer Diagnosis \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Age at Time of Diagnosis: \_\_\_\_\_

Date of most recent treatment \_\_\_\_\_

Do you have any food allergies? \_\_\_\_\_

**TRAVEL INFORMATION:**

Do you have any special needs for travel? \_\_\_\_\_

Airport you will be flying from: City \_\_\_\_\_ State \_\_\_\_\_ Airport Code \_\_\_\_\_

Airport you will be flying to: City \_\_\_\_\_ State \_\_\_\_\_ Airport Code \_\_\_\_\_

**CAMP INFORMATION:**

What camp are you registered to attend: \_\_\_\_\_

What dates are you attending the camp: \_\_\_\_\_

Have you given an information release to camp, allowing them to share medical information with CHSCF regarding your ability to travel? Y\_\_\_\_\_ N\_\_\_\_\_

- **Yes:** *As long as we have an agreement to share information with the camp you've been accepted to you will **not** have to fill out our medical release form.*
- **NO:** *You must have the Medical Release form from CHSCF filled out by your oncology office before you will be considered for travel. If you are traveling to an approved conference you must have your oncology office fill out the medical release.*

Camp Contact Person: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**PLEASE BE AWARE:**

**\*You will not be considered for travel assistance if all forms are not completed and received in our office at least THREE (3) weeks prior to the first day of camp.**

**\*CHSCF does NOT reimburse for flights prepaid by the traveler or a third party.**

**\*All guidelines for acceptance listed on the website.\***

**RELEASE OF LIABILITY:**

I hereby release and hold harmless CHSCF, its officers, employees, agents, representatives, volunteers, heirs, executors, and assign from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this camp program and any travel/transportation related to this camp program, whether paid for by myself or CHSCF. I understand that this is a release and indemnification releases liability for the conduct of CHSCF and it's officers, employees, agents, representatives, volunteers, heirs, executors and assigns.

**PHOTO RELEASE:**

The undersigned gives permission to CHSCF to use photographs and audio and/or video recordings of the traveler for marketing purposes. On occasion, with permission, traveler photographs maybe be included in video, websites, newsletter or written marketing materials. The foundation respects the privacy of its travelers.

**PARTICIPATION CONSENT**

The undersigned gives permission to the Cassie Hines Shoes Cancer Foundation to coordinate air travel to and from a cancer camp of their choosing.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Participant Signature

X \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian for traveler under age 18

**For office use only:**

Date Received: \_\_\_\_\_ by whom \_\_\_\_\_  
Request: \_\_\_\_\_ approved \_\_\_\_\_ denied (Date \_\_\_\_\_)