



PATIENT INFORMATION

1. Full Name of Patient	2. Date of Birth	3. Date of Diagnosis
4. Physical Address (<i>Street, City, State, ZIP Code</i>)		
5. Cell Phone	6. E-mail Address	
7. Description of Current Physical Condition (<i>Limitations, abilities, wheel chair use, oxygen, etc.</i>)		

CAREGIVER INFORMATION

1. Full Name of Caregiver	2. Date of Birth	3. Relationship to Patient
4. Physical Address (<i>Street, City, State, ZIP Code</i>)		
5. Cell Phone	6. E-mail Address	

MEDICAL CONTACT INFORMATION

1. Full Name of Physician	2. Physician's Phone
3. Mailing Address (<i>Street, City, State, ZIP Code</i>)	

Our goal at Tossin' Away ALS is to help ALS patients create positive memories and have fun with those they love most. Help us learn a little bit about you so we can get started creating YOUR experience of a lifetime!

HOBBIES & INTERESTS		
1. Please describe some of your hobbies or things you enjoy...		
2. If you enjoy sports, movies, or theater, please tell us which teams, actors/actresses or shows are your favorite...		
CREATING YOUR MEMORY		
1. Please tell us what memory we can help you create? Where would you like to go? What would you like to do?		
2. How many people would be joining you for this experience? What is their relationship to you?		
3. Estimated cost of this experience?	4. Total Monthly Income	5. Total Monthly Expenses

All applications are reviewed by Tossin' Away ALS (TAALS) board members and grants are awarded on a case-by-case basis. We will do our best to help create as many memories as possible. Should your Creating Memories request be granted, you will be asked to conduct a pre-trip and post-trip interview with TAALS representatives and be accompanied by a small camera crew during your trip and/or experience. Any video footage or photos obtained by representatives of TAALS are property of TAALS and can be used for marketing and promotional purposes. By signing below, you agree to these terms and conditions. Please send all completed applications to us at tossinawayals@gmail.com

ALS Patient or Caregiver Signature

Date