

Child Life and Creative Arts Therapy Program

Cohen Children's Medical Center

Special Events Application

Please note that submitting an application does not guarantee a special event at our site. The Special Events Coordinator has the right and responsibility to deny, cancel or discontinue any events that are deemed unsafe, inappropriate or conflict with staff availability.

Name of Group/Performance _____

Contact Person: _____

Phone: _____ Fax: _____

Address: _____

E-mail: _____

Type of Event/Activities Planned:

Number of Persons in Group (must be over 16/no more than 10 volunteers): _____

Preferred Performance Date/Time: _____

Alternate Date/Time: _____

Is media coverage being sought? YES/NO

If yes, the Special Events Coordinator needs to have all requests approved or denied by the PR department. Please note, we cannot guarantee that media coverage requests will be accepted as there are many legal and privacy policies in place.

If appropriate, is videotaping allowed so patients may watch the performance on our in-house CCTV (closed circuit television)? YES/NO

References: Please list two organizations you have visited. Please provide contact person and organization phone number:

1. _____

2. _____

I have read the above guidelines for entertainers visiting The Steven and Alexandra Cohen Children's Medical Center of New York and agree to adhere to said requirements.

Signature _____

Print Name _____

Date _____

Please return form at least six weeks before intended date of performance to:

Patricia Ottaviano
Special Events Coordinator
Cohen Children's Medical Center of NY
269-01 76th Ave., Room CH002
New Hyde Park, NY 11040
CCMCSpecialEvents@northwell.edu