



ROCK YOUR JOURNEY 2023

FEBRUARY 13 - 17

Name: _____

Child's Name: _____

Address: _____

Email: _____ Phone: _____

All information will be used only with permission and only in relevance to the "Rock Your Journey."

Child's Diagnosis: _____

Child's story: _____

*We would prefer to receive the story, written in your view point, through email or text if possible to help in the time frame. We will of course be happy to receive it in written form and will re-write with your permission.

Parent/Guardian: _____

Parent/Guardian signature. _____

Date: _____

Please submit to: Patchesoflight@aol.com
Attention: Rock Your Journey 2023