

Snowball Bag Request Form

Please email application to: Snowballbags1@gmail.com Or complete the online form @ Patchesoflight.org

Person requesting Snowball l	Bag:			
Title:	Aş	Agency or Hospital:		
Phone:	Email:			
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Patient Name:		Date:		
Diagnosis:				
Social Worker's Name:				
Patient Age:	Gender: _			
Anything that should <u>not</u> be in (This may include scents, cultural a	included in the Sno aversions, games or to	owball Bag:	ifficulty with, etc	·.)

Snowball bags are delivered to the hospital during the first big snow of the season. The purpose of a Snowball Bag is to create an atmosphere of "snow-filled" fun and fantasy for those in-patient during the first snow. Each bag contains a hat, a stuffed animal, a winter book, hot-cocoa (or an alternative hot drink for those unable to consume chocolate), snowballs, and invitations to pass out to fellow in-patient snow-ballers, medical staff, and relatives! If you know your child will be inpatient during the first big snow of the year please fill out an application/on-line form and we will make sure they receive a bag.

Thank you!

atches of Light ~ P. O. Box 153 ~ Hilliard ~ OH ~ 43026 Phone: 1-614-946-7544 ~ Fax: 1-614-529-8707 Snowballbags1@gmail.com www.patchesoflight.org