



Moment Nominee: _____

Fabulous Moment Nomination

Dear Fabulous Moment Nominator,

Fabulous Moments is a 501(c)3 organization that was created to provide “Moments” to adults facing life threatening illnesses. Our goal is to create memories for these individuals and their loved ones one *Fabulous Moment* at a time.

Please submit all required information as incomplete applications will be denied.

We are unable to grant the following types of moments:

- Travel outside the continental United States
- Legal assistance
- Hunting
- Funeral arrangements or posthumous requests
- Any request deemed offensive, inappropriate or inconsistent with the values of our organization.
- Requests for individuals living outside the United States
- Cruises
- Cash/Financial assistance
- Reimbursements
- Automobiles, lifts, repairs, RV’s or rentals
- Property or home improvements or repairs
- Medical treatment/supplies/equipment/transport

Application:

Please **attach a photo** taken within the last 12 months of the nominee. It may include family, pets, etc. This picture will be used to announce the nominee should a Fabulous Moment be granted.



Moment Nominee: _____

Nominee: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Date of Birth: _____ Age: _____

Must be over the age of 18

Gender: _____ Marital Status: _____

Military Veteran Y ___ N ___ Branch of Service: _____

Present/Most Recent Employer: _____

Family or Individuals to be included in Fabulous Moment:

| Name: | Sex: | Relationship: | Age: |
|-------|-------|---------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other Contact Person:

Name: _____ Relationship: _____

Phone number: _____

Email: _____

Address: _____



Moment Nominee: _____

Fabulous Moments Request:

Alternative Request:

Has nominee ever been granted a wish/dream/moment by another organization?

Yes No

Does nominee or a participant in the Moment have a well-funded credit card or debit card?

Yes No VISA _____ Mastercard _____ Other _____

Does nominee, or one of the participants in the Moment, have a valid driver's license or ID?

Yes No

Is an application submitted or pending with another wish-granting organization?

Yes No If yes, where? _____

Medical Information:

Medical information may be requested once the nomination has been processed.



Moment Nominee: _____

Nominator Information:

Name: _____ Relationship: _____

Phone number: _____

Email: _____

Address: _____

Date Nomination Submitted: _____

Please email nomination to

robin.fabulousmoments@gmail.com

or Mail

Fabulous Moments
1007 East 11th Street
Dell Rapids, SD 57022