

<b>Please fill out this information form and mail to address below. Thank you.</b>	
Name	
Title	
Organization	
Street Address	
Street Address (cont)	
City	
State	
Zip Code	
Work Phone	
Home Phone	
FAX	
E-mail	

**Select any of the following options that apply:**

- becoming a respite caregiver. Please notify me of your next training program.
- utilizing respite care services. Please send me an assessment/application.
- offering continued prayer support for this ministry, the caregivers, and these families.

Please mail to:

**Child's Play Foundation**  
**P.O. Box 430**  
**Yankeetown, FL 34498**  
**(352) 447-1775**