

**Application Form for participation in:
MAKE A WISH TO THE SOVEREIGN ORDER OF MALTA**

Child Participant:

Name and Surname..... ,
Born in..... the .. / .. / ...
Resident of.....
Phone number.....
E-mail (appreciated if available).....

Parents or Legal guardians:

Name and Surname..... ,
Born in..... the .. / .. / ...
and
Name and Surname..... ,
Born in..... the .. / .. / ...

School attended:

Name.....
Address.....

My WISH belongs to the category (select only one):

"receive special medical care" ____; "do something" ____; "enhance artistic and cultural skills" ____;
"meet a famous public figure" ____; "receive an object" ____; "go to a specific place" ____ .

WISH description (maximum 50 words):

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Authorization:

I, the parent/legal guardian, hereby authorize the child, to participate in the project "*Make a WISH to the Sovereign Order of Malta*", and am aware that participation is spontaneous and that the application for "*WISHES*" can be rejected upon evaluation of the Committee without any obligations of explanation.

Place, date .. / .. / ...

Signature of the parent/legal guardian

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