



SPECIAL LIFE EXPERIENCE

Request Form

Applicant Information

Name (Last)		(First)	(Middle Initial)
Address		City	
State	Zip code	Email Address	
D.O.B.		Mobile Phone	Home Phone

May CDBF provide you with updates and mailings? YES NO

Are you an adult applying on behalf of a minor? YES NO

Complete the section below if the applicant is a minor

Guardian's Name (Last)		(First)	(Middle Initial)
Relationship to Applicant		Email Address	Primary Phone

Do you authorize CDBF to publicize your child's photo? YES NO

Parent/Guardian Signature _____

Media Release (Optional)

I give permission to the Cody Dieruf Benefit Foundation [CDBF] to publicize my photographs, application responses, and other forms of communications for marketing and outreach purposes. I understand these purposes may include physical publications in print advertising, appeal letters, flyers, and/or brochures as well as digitally on our website and social media accounts.

Applicant/Guardian Signature _____

If you do **not** want to share your photographs and statements with CDBF for marketing and outreach purposes, do not sign the above release. We may still request photos and statements from you, but this content will not be publicized without express consent.

Special Life Experience Information

Describe the cystic fibrosis patient’s desired special life experience.

Estimated cost(s) of the special life experience _____

Please attach receipts, documentation, and/or estimates of such costs if available.

Personal Statement

If the cystic fibrosis patient is old enough and/or able to write or express themselves, please attach a statement of one to three pages prepared by the patient describing why this experience is important to them and how the experience will make their life better. If the patient is too young or unable to write or express their special life experience, the applicant is asked to submit a personal statement on behalf of the patient. A short video of at least thirty seconds may also be submitted in lieu of a written statement.

Submit to the Cody Dieruf Benefit Foundation via email at pam@breathinisbelievin.org or via mail to PO BOX 7361, BOZEMAN, MT 59771.