REQUEST FOR AMTRYKE®
THEREAPEUTIC TRICYCLE APPLICATION
(To be filled out by parent/guardian!)

RECIPIENT'S NAME: ______________________________ AGE________ DATE OF REQUEST ____________

MAILING ADDRESS: ____PHONE #____________________

CITY/ STATE/ ZIP: ______________________________________EMAIL___________________________

DIAGNOSIS:____

IF RECIPIENT IS UNDER 18 YEARS OF AGE PARENT'S/GUARDIAN NAME: ___________________________

PHONE #___________________________ Email: ____________________________________

ADDRESS:_______________________________________CITY____________________ST_____ZIP_____

OR SECONDARY CONTACT NAME: _________________________________PHONE___________________

TREATING THERAPIST'S NAME: ____________________________________TITLE/FIELD:__________________

PHONE: _________________________________EMAIL: ___________________________________

HOW DID YOU HEAR ABOUT THE AMTRYKE® THERAPEUTIC TRICYCLE? (CHECK ALL THAT APPLY)
________ THERAPIST ________ WEBSITE _______ AMBUCS™ MEMBER ________*OTHER

*IF OTHER PLEASE SPECIFY WHERE: ____

AMTRYKE® DEMONSTRATION SITE, GIVE NAME/STATE: ____

**IS FINANCIAL ASSISTANCE NEEDED IN OBTAINING THE TRICYCLE? ________ YES ________ NO

*IF YES, HOW MUCH CAN YOU PAY? ____

I AGREE TO "RECYCLE" THE TRYKE FOR USE BY ANOTHER CHILD? __ YES

TELL US ABOUT THE RECIPIENT: ____

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If possible including a photo of the recipient will help us to obtain a sponsor for you or your child's AmTryke® tricycle.

I give my permission for my or my child's picture and personal information to be used in AMBUCS™ materials to help in obtaining a sponsor for the AmTryke® therapeutic tricycle.
Name: ____ Date: ___________________________

****AmTryke® therapeutic tricycles are distributed based on available funds and need, and individual placements of AmTryke® therapeutic tricycles are at the discretion of the local chapters.**

Please mail this application to:

The Little Red Dog Foundation
41 Newpoint Road * Beaufort, SC 29907
Phone: (834) 522-8019

AMTRYKE REQUEST , ASSESSMENT FORM AND PARENT/GUARDIAN WAIVER MUST BE RECEIVED TO PLACE RECIPIENT ON WISH LIST.