



Request Form

Professional Nominators (teachers, counselors, therapists, coaches, domestic violence organizations, etc.) may share dream or need requests.

Please complete the following application to request a dream or assistance for a child. The child must be under the age of 18 and experienced domestic violence trauma. We ask that a one or two line testimony from the child and a guardian or parent, along with an *obscure photo or personal drawing be submitted after the request is funded. Submission of a request is no guarantee the request will be met.

Nominator Information

Name:

Job Title:

Business or Organization:

Address:

Phone:

Email:

Relationship to Nominee:

Dream Recipient

Child's First Name:

Boy or Girl:

Age:

Description of the request. Please include the cost, duration, location, and contact information, and invoice where applicable:

Briefly, indicate how this request will help the child:

Parent signature approving the request:

Email the request form completed in full to sharethedream@kathyslegacy.org

*Examples of an obscure photo:

- softball player with mask and helmet at home plate
- martial arts student in a karate gi head down from a side view
- ballerina in a stance at the ballet barre from behind



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