



MERLIN'S MAGIC WAND

APPLICATION FOR ATTRACTION TICKETS

Applicants Name:	
Child's Name (if individual application):	Childs age/age range:
Charity/Organisation name:	
Contact Address:	Address for tickets etc (if different to contact address)
Contact Number:	Date:
Email Address:	Merlin Employee (if applic):
Name of attraction to be visited (please ensure attraction is suitable for the children before applying):	Number of Tickets:
Date of Travel (if known):	
Please note we cannot guarantee your tickets will be sent out in time if the travel date is in the next 6 weeks	
Briefly describe disability/illness or disadvantage:	
If a Charity or Organisation; please describe your purpose/how are the children referred to you/what is your involvement with the group/how will this experience benefit the group?:	

If individual application; how will the child and family benefit from a Merlin's Magic Wand experience?

Have you applied previously? Please give either reference number or details

Are you also seeking help with petrol costs or coach/minibus hire?
(Please give details)

To help with your application could you also send a **Proof of Condition** (e.g. Doctor's letter, letter from your Hospital) if the following applies to you:

- You are not applying on behalf of an organisation/charity
- The child you are applying on behalf of has an illness or disability
- This is your first application to Merlin's Magic Wand
- If you are a foster parent then please also provide documentary evidence to support your application

Please complete this form and return it to:

**Nicola Elliott Maclean, Merlin's Magic Wand Charity, 3 Market Close,
Poole, Dorset. BH15 1NQ**

Or email to: MMW.Applications@merlinentertainments.biz