



# Nolimit Larry COMP Request Application

## Contact Information

Child Name	
Parent/Guardian Name	
Street Address	
City, State & ZIP Code	
Phone	
E-Mail Address	

## COMP Request

What does the child need?

- Daycare / Childcare       Clothes / Shoes  
 Athletic equipment/fees       Mentor  
 Field Trip fees       Outing (i.e. movies, water park, amusement park, museum)  
 Other:

What is the cost of the request? \_\_\_\_\_

On what date would the request need to be filled? \_\_\_\_\_ (MM/DD/YYYY)

*Please note we need at least 30 days to process applications.*

## Explain the Need

Let us know why this is important for the child.

## About the Child

Tell us about the child and their murdered parent.

--

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a donation recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my decline of donation consideration, immediate termination of the donation or donation refund.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Fax completed and signed applications to 1-800-790-0953 or email [Denada@bellaboca.com](mailto:Denada@bellaboca.com).**