

# Send Me On Vacation Application Packet

**Please complete and return this Application Packet to:**

**Send Me On Vacation, Inc.  
3050 South Durango Drive  
Las Vegas, Nevada 89117**

**If you have questions regarding this Application, please email  
[communications@sendmeonvacation.org](mailto:communications@sendmeonvacation.org)**

**Please be sure your Application is complete and includes all releases, required signatures where indicated, photographs, etc. as requested.**

**Disclaimer:** Send Me On Vacation, Inc. reserves the right, in its sole discretion, to decide which vacation will be selected for a recipient and which vacation benefits are to be included. Applicant understands and acknowledges that Send Me On Vacation, Inc. may select to provide the recipient of a Vacation with money to pay for the Vacation in lieu of actually providing reservations for airfare, lodging and other vacation benefits. Applicant further acknowledges that Send Me On Vacation, Inc. grants Vacations without bias to race, religion, age, gender, marital status, or sexual orientation.

## General Requirements For SMOV Application

- ✓ Applicant must be diagnosed with breast cancer and have undergone treatment.
- ✓ Applicant must demonstrate that she has endured economic disadvantage.
- ✓ The Application must be made by the Applicant, not a friend or family member.
- ✓ The Applicant must acknowledge that the Vacation will be safe and not be contraindicated by her medical providers.
- ✓ Applicant must submit a personal story describing why she believes her circumstances warrant the Survivors Committee for Send Me On Vacation, Inc. granting a Vacation to her.
- ✓ Applicant must complete, sign and send the SMOV Application Form, Contact Information, SMOV Vacation Preferences, and SMOV Agreement to Send Me On Vacation, Inc.
- ✓ Applicant must complete, sign and send the HIPAA (Health Insurance Portability and Accountability Act) form.
- ✓ Applicant's physician must fill out and return to Send Me On Vacation, Inc. the Medical Statement and Consent to Participate.
- ✓ Please send three current original photographs of the Applicant via email in .jpeg or other high-resolution format. Please do not fax or mail photos.

## VACATION PROGRAMS

### 1. *EMPOWERMENT VACATIONS.*

Prepare yourself for an incredible Mermaid Empowerment Journey. This one-of-a-kind vacation will enrich your body, mind and spirit. The Empowerment Vacation includes a transformational workshop and a Mermaid photo shoot aboard a cruise ship or at a beautiful resort. Rediscover your inner beauty, strength and grace - become empowered! For the greater collective intention of the group, we offer this experience to survivors only. Empowerment Vacations are offered on specific dates due to the size of the group and cover the cost of transportation, accommodation and food.

### 2. *FREESTYLE VACATIONS.*

You select a location from our inventory of donated accommodations and you're on your way! Transportation, food and other vacation related expenses are the responsibility of the recipient. In order to qualify for this award you must acknowledge that you have the resources to cover the cost of transportation, meals, taxes and in essentials.

### 3. *STAYCATIONS.*

Staycations are designed for Stage 4 Metastatic breast cancer recipients. Staycations are 3-day get-a-ways that provide a peace of mind experience close to home.

## SMOV APPLICATION FORM

Please Print Clearly

**Applicant's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Number:** (\_\_\_\_) \_\_\_\_\_

**Applicant's Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Applicant's E-Mail Address:** \_\_\_\_\_

**Name of Referring Organization or Individual:** \_\_\_\_\_

**Applicant's Physician's Name:** \_\_\_\_\_

**Applicant's Physician's Address / City / State / Zip Code:** \_\_\_\_\_

\_\_\_\_\_

**Applicant's Physician's Telephone & Facsimile Numbers:**

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Facsimile:** (\_\_\_\_) \_\_\_\_\_

**Applicant's Physician's Facility (Name of Clinic, Hospital, etc.):** \_\_\_\_\_

**If you are also working with a Nurse/Social Worker/Hospice Worker please provide:**

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Applicant's Contact (Must Not Live With Applicant):**

**Name:** \_\_\_\_\_

**Contact's Relationship to Applicant:** \_\_\_\_\_

**Contact's Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact's Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Number:** (\_\_\_\_) \_\_\_\_\_

**Contact's Email Address:** \_\_\_\_\_

**SMOV VACATION PREFERENCES**

**Applicant’s Vacation Preferences: Please check one of the boxes below for your vacation preference.**

**Empowerment Vacation**

**Freestyle Vacation**

**Staycation**

**Do you have any special needs (including disability restrictions, medical or otherwise) that you feel are important to share with Send Me On Vacation, Inc. regarding your Vacation Preferences?**

**Yes If so, please describe:**

**No**

Send Me On Vacation, Inc. in sponsoring Send Me On Vacation makes no warranties that any Vacation Preference can or will be granted and that all Vacations awarded by Send Me On Vacation, Inc. are the sole decision of the Board of Directors.

Vacations are granted as donors are found and funds are available.

When choosing your type of vacation, please take into consideration that the largest number of vacations awarded are in the Empowerment Vacation category.

**I understand that by returning this SMOV Vacation Preference, I give Send Me On Vacation, Inc. permission to share my Vacation Preferences with potential donors and including any and all potential media sources.**

**Dated:** \_\_\_\_\_

**Applicant’s Signature:**

\_\_\_\_\_

## **SMOV APPLICANT AGREEMENT**

**1. Granting of Vacation:** Send Me On Vacation, Inc. agrees to consider and pursue the fulfillment of the Vacation Preferences of the Applicant in accordance with the terms and conditions of this Agreement; however, only certain locations are available as a result of Vacation Donations. Send Me On Vacation, Inc. reserves the right in its sole discretion to decide which of the Applications and Vacation Preferences will be granted. It is understood that a limited number of Vacations are able to be fulfilled and that donors to Send Me On Vacation vary from year to year. It is further understood that fully completed Applications must be submitted timely, but are not granted in the order in which they were received. Once a Vacation is awarded, there may be time restrictions on when the Vacation must be used and Applicant acknowledges this factor. All vacations must be taken within the year they are awarded. Send Me On Vacation, Inc. will attempt to provide a one year period for all vacations granted; however, the certificate that is awarded may have limitations and expire sooner than twelve months from issuance depending on inventory restrictions, donations and funding.

**2. Disclosure of Medical Information:** Applicant grants permission to Send Me On Vacation, Inc. to disclose the diagnosis of her medical condition to the extent necessary in the pursuit and fulfillment of her Application and Vacation Preferences. Furthermore, the Applicant grants Send Me On Vacation, Inc. permission to obtain all medical information regarding the Applicant which Send Me On Vacation, Inc. may feel necessary for consideration or fulfillment of the Vacation and authorizes all physicians and medical care providers to provide Send Me On Vacation, Inc. with all medical information requested.

**3. Waiver:** The Applicant hereby waives any and all rights she may have or may hereafter acquire against Send Me On Vacation, Inc. or the Tigerlily Foundation, its officers, directors, agents, donors, employees, or any other person or organization associated with the Vacation, arising out of any injury, harm, damages, or losses suffered by the Applicant arising out of or in any way related to the pursuit and fulfillment of the Vacation by Send Me On Vacation, Inc. regardless of whether such loss or harm is caused by the active, passive or gross negligence of Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person associated with the Vacation.

**4. Release:** Applicant does hereby forever release and hold harmless Send Me On Vacation, Inc. and Tigerlily Foundation, its officers, directors, agents, donors, employees, or any other person or organization associated with the Vacation, from any and all claims, lawsuits, damages or losses arising out of or in any way related to Send Me On Vacation, Inc.'s and Tigerlily Foundation consideration of the Applicant's Application and Vacation Preferences as well as Send Me On Vacation, Inc. and Tigerlily Foundation's pursuit, preparation, execution and fulfillment of the Vacation. Furthermore, Applicant hereby forever releases and holds harmless Send Me On Vacation, Inc. and Tigerlily Foundation, its officers, directors, agents, donors, employees, or any other person associated with the Vacation, from any and all claims, lawsuits, damages or losses arising out of suffering caused by any aspect and of whatever nature and of whatever extent, regardless of whether such loss or suffering or damage is caused by the active, passive or gross negligence of Send Me On Vacation, Inc. or the Tigerlily Foundation, its officers, directors, agents, donors, employees, or any other person associated with the Vacation.

**5. Indemnity:** Applicant hereby agrees to indemnify and hold harmless Send Me On Vacation, Inc. and Tigerlily Foundation, its officers, directors, agents, donors, employees, or any other person or organization associated with the Vacation from any and all losses suffered by Send Me On Vacation, Inc. and Tigerlily Foundation, its officers, directors, agents, donors, employees, or any other person or organization associated with the Vacation, as the result of any claim, lawsuit, or actions arising out of or relating in any manner Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person associated with the Vacation, prepared, executed, fulfilled or otherwise was involved in the awarded Vacation, or for breach by Applicant of the representations and warranties contained in paragraph 8 of this SMOV Applicant Agreement. This hold harmless and indemnity includes but is not limited to, reasonable attorney fees and cost incurred by Send Me On Vacation, Inc. and Tigerlily Foundation, their respective officers, directors, agents, donors, employees, or any other person associated with the Vacation in retaining legal counsel for Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person associated with the Vacation to defend any and all such claims, lawsuits, and actions.

**6. Survivor Only Vacations:** No person or persons may accompany the Applicant during any portion of the Vacation unless specifically agreed to in writing between Send Me On Vacation, Inc. and Applicant. The Vacation program is structured to only provide a Vacation for the Recipient.

**7. Vacation Expenses:** Send Me On Vacation, Inc. has agreed to pay for a certain portion of the expenses directly related to the Vacation for the Applicant. Applicant understands that she will be subject to additional expenses over and above the Vacation grant. Send Me On Vacation, Inc. shall not have any responsibility or liability for expenses incurred by Applicant which have not been expressly assumed by Send Me On Vacation, Inc. pursuant to this SMOV Applicant Agreement, which have been caused by unforeseen events or circumstances beyond the control of Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person associated with the Vacation. It is further understood that Applicant will or may need additional cash for spending money that is not provided by Send Me On Vacation, Inc. Applicant will need a valid credit card for checking into facilities. Send Me On Vacation, Inc. will not be responsible for any expenditures that are not pre-authorized in writing by Send Me On Vacation, Inc.'s Board of Directors or its President. If Applicant's medical condition deteriorates so that immediate hospitalization is necessary, Applicant may be forced to remain away from home longer than the period of time contemplated by the Vacation. In that event, it will be the sole responsibility of the Applicant to pay for all expenses in excess of those for which Send Me On Vacation, Inc. has agreed to pay, whether medically related, for meals and lodgings, including hospitalization, or for other goods or services of any nature.

**8. Representations, Warranties & Disclosures:** Applicant makes the following representations and warranties to Send Me On Vacation, Inc.

- a. A full and true disclosure of Applicant's medical condition has been made to Send Me On Vacation, Inc.
- b. Further notification will be reported to Send Me On Vacation, Inc. when medical condition should deteriorate at any time prior to granting of a Vacation.



- c. During the fulfillment of the Vacation, the Applicant must be fully covered by medical insurance, including any additional coverage which may be required as a result of the fulfillment of the Vacation, or if uninsured, that she agrees to assume ALL risk and personal responsibility of the failure to carry adequate medical, dental, liability, travel, etc., insurance.
- d. In the event that the Vacation involves travel, that the Applicant and those participating in the Vacation are financially able to bear the burden of the substantial expenses which they may be forced to personally incur as a result of unforeseen circumstances or any event beyond Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person or organization associated with the Vacation, reasonable control and that they assume the risk and personal responsibility for such additional expected and unexpected expenses.
- e. During the planning stages of the Vacation, Applicant has not relied upon nor has she received counsel or advice from Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person or organization associated with the Vacation, in regards to the advisability of or the risks attendant to the Vacation.

**9. Termination of Vacation:** Send Me On Vacation, Inc. reserves the right, in its sole and absolute discretion, to terminate the fulfillment of the Vacation at any time after the signing of this Agreement.

**10. No Liability:** Applicant agrees that Send Me On Vacation, Inc. shall not be held liable or responsible for any expenses which Applicant may have incurred in preparing the Application or in contemplation of a Vacation.

**11. Counterparts/Faxes:** This agreement may be executed in counterparts, any of which shall be deemed an original. Faxed or emailed signatures on this SMOV Applicant Agreement shall be deemed as originals.

**12. Further Assurances:** Applicant agrees that she shall at the request of Send Me On Vacation, Inc., execute and deliver to Send Me On Vacation, Inc. all further documents that Send Me On Vacation, Inc. deems necessary to prepare, execute and fulfill the Vacation, if awarded.

**13. Amendment:** This SMOV Applicant Agreement shall not be modified, amended or superseded except in writings signed and executed by all parties.

**14. Governing Law:** This SMOV Applicant Agreement shall be governed by the laws of Nevada.

**15. Binding Effect:** This SMOV Applicant Agreement is binding on all heirs, successors, representative and assigns of each and all parties hereto.

**16. Severability:** If any portion of this SMOV Applicant Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

**17. Entire Agreement:** This SMOV Applicant Agreement constitutes the entire agreement and understanding between all parties with respect to the requested Vacation by Applicant. No representations, promise, inducement or statement of intention has been made by any of the parties hereto not included in this SMOV Applicant Agreement and no person or persons shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.

**18. Grant of Right of Publicity:** Applicant understands and agrees that the fulfillment of the Vacation may result in publicity, whether or not promoted actively by Send Me On Vacation, Inc. Applicant hereby irrevocably authorizes Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person associated with the Vacation to publicize and use participant's likeness, voice and features, with or without her name, for any publication, promotion, trade, business use, or any other purpose whatsoever and to photograph, videotape, film and record each participant in any manner Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person associated with the Vacation choose and to copyright, convey or otherwise distribute, now and/or in the future any such material involving the participants for any purpose to anyone, including the general public, magazines, newspapers, television, radio stations, internet, or anyone else and to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any Vacation granted. Participants of any Vacation agree that it is not necessary for Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person associated with the Vacation to contact them prior to releasing any information authorized by this SMOV Applicant Agreement. Each of the participants hereby releases Send Me On Vacation, Inc., its officers, directors, agents, donors, employees, or any other person associated with the Vacation, from all liability, damages or claims of any kind resulting in or from or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or any other information regarding participants

EACH OF THE PARTICIPANTS ACKNOWLEDGES READING AND UNDERSTANDING THIS LIABILITY RELEASE AND PUBLICITY AUTHORIZATION PRIOR TO SIGNING IT. Each participant agrees that no modification of this Release has been made orally or in writing and this release accurately and fully expresses the understanding of Send Me On Vacation, Inc. and each of the participants.

IMPORTANT: By signing below, you affirm and acknowledge that you have read this SMOV Applicant Agreement, have received a copy and fully understand its provisions. I have been given an opportunity to ask any questions I may have and have received a copy and fully understand and agree with its provisions and restrictions. With my signature, I bind myself, my minor children, my heirs, successors, assigns and estates to the conditions, releases, waivers and indemnities described in this SMOV Applicant Agreement. (Please copy this page to utilize if there are additional participants.)

**APPLICANT** – (PRINT NAME) \_\_\_\_\_

**APPLICANT** – (SIGNATURE) \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **APPLICANT SIGNATURE PAGE**

- I understand and agree that the Vacation granting process and the participation of the Applicant is contingent upon approval from Send Me On Vacation, Inc.
- I understand and agree that Send Me On Vacation, Inc. through the Survivors Committee reserves the right in its sole discretion to decide which of the Applications for a Vacation will be granted.
- It is understood that not all Applications for a Vacation can be fulfilled and that donors for wishes must be found to fulfill only a limited number of Applications.
- It is understood that Applications for a Vacation are not granted in the order in which they were received but in the order donors are found and Send Me On Vacation, Inc. through its Board of Directors or Survivors Committee in their sole discretion determine.
- I understand and agree that compliance with all conditions, qualifications and restrictions designated by Send Me On Vacation, Inc. is a requirement to be considered for any Application for a Vacation.
- I understand and agree that Vacations are granted only when resources are available to Send Me On Vacation, Inc.
- I understand and agree that the fulfillment of Vacation may result in publicity, whether or not promoted actively by Send Me On Vacation, Inc.
- Applicant irrevocably authorize Send Me On Vacation, Inc. to publicize and use participants likeness, voice and features, with or without her name, for any publication, promotion, trade, business use, or any other purpose whatsoever and to photograph, videotape, film and record each participant in any manner Send Me On Vacation, Inc. chooses and to copyright, convey or otherwise distribute, now and/or in the future any such material involving the participants for any purpose to anyone, including the general public, magazines, newspapers, television, radio stations, or anyone else and to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any Vacation granted.
- Applicant agrees that it is not necessary for Send Me On Vacation, Inc. or anyone else to contact them prior to releasing any information authorized by this document. Applicant hereby releases Send Me On Vacation, Inc. from all liability, damages or claims of any kind resulting in or from or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or any other information regarding participants.
- I acknowledge that I have been given the opportunity to ask questions and have had those questions explained to my satisfaction.

- I hereby certify that I have provided the information requested in this document to the best of my ability in an honest and truthful manner.

**APPLICANT** – (PRINT NAME) \_\_\_\_\_

**APPLICANT** – (SIGNATURE) \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Send Me On Vacation, Inc. Release of Medical Information – HIPAA Form**  
**Authorization for Use/Disclosure of Protected Health Information**

TO:

(Physician) \_\_\_\_\_

(Physician's Address) \_\_\_\_\_

\_\_\_\_\_  
(Physician's Telephone Number) (\_\_\_\_\_) \_\_\_\_\_

RE:

(Print Patients Name - Legibly) \_\_\_\_\_

(Patient's Address) \_\_\_\_\_

\_\_\_\_\_  
(Patient's Date of Birth) \_\_\_\_\_

**I authorize the use and disclosure to Send Me On Vacation, Inc. of protected health information about Patient as described below:**

**1. Information that may be used and/or disclosed:** All protected health information relating to physician's assessment of the Patient's medical eligibility for a Vacation for Patient provided by Send Me On Vacation, Inc. Send Me On Vacation charitable program and the physician's opinion whether the Vacation is medically advisable and approved by the physician. In addition, primary physician is authorized to fill out, sign and provide Send Me On Vacation, Inc. forms that it may require, including forms relating to Patient's medical eligibility, the requested Vacation and medical considerations relating to the fulfillment of the Patient's Application for a Vacation.

**2. Persons authorized to use/disclose the information:** The physician identified above, as well as his/her authorized representatives.

**3. Persons authorized to receive the information:** The Board of Directors, Executive Director, SMOV Advisory Board, Survivors Committee, and any other employees or other authorized volunteers and representatives of either:

- (1) Send Me On Vacation, Inc.
- (2) Tigerlily Foundation
- (3) Any travel company assisting in fulfilling or setting up the Vacation.

**4. Purpose for which information will be used/disclosed:** To enable Send Me On Vacation, Inc. to obtain the physician’s assessments regarding whether Patient is medically eligible to receive a Vacation granted by Send Me On Vacation, Inc.; and pertinent information relating to diagnosis.

**5. Expiration date:** This authorization DOES NOT expire upon Applicant’s Vacation having been granted by Send Me On Vacation, Inc. or should a final determination conclude that the potential Applicant is not eligible to receive a Vacation. It is further understood and agreed to that the release of information holds Send Me On Vacation, Inc. harmless and furthermore indemnifies Send Me On Vacation, Inc. under this “SMOV Applicant Agreement” and the “HIPAA” Agreement, which too does not expire. This expiration clause covers all family, friends, and participants as well.

**6. Statements required by HIPAA:** In accordance with the Health Insurance Portability and Accountability Act, I acknowledge the following:

I understand that I may revoke this authorization at any time by notifying physician in writing, except to the extent that action has already been taken in reliance on the authorization;

I understand that if the person/entity that receives the information described above is not a healthcare provider or health plan covered by federal privacy regulations, such information will no longer be protected by these regulations and could potentially be redisclosed by the Applicant.

**APPLICANT** – (SIGNATURE) \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MEDICAL STATEMENT OF APPLICANT ELIGIBILITY AND  
CONSENT TO PARTICIPATE**

**Applicant's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Details of Applicant's Vacation Preferences:

**MUST BE COMPLETED BY THE PRIMARY TREATING PHYSICIAN:**

I am the primary treating physician of the above named person (hereinafter "Applicant"). Applicant has previously been diagnosed with breast cancer as follows:

- Ductal Carcinoma In-Situ (DCIS)
- Infiltrating Ductal Carcinoma (IDC)
- Medullary Carcinoma
- Infiltrating Lobular Carcinoma (ILC)
- Tubular Carcinoma
- Mucinous Carcinoma (Colloid)
- Inflammatory Breast Cancer (IBC)

In my opinion the Stage of Breast Cancer the Applicant currently has is:

- Stage 0
- Stage I
- Stage II
- Stage IIIA
- Stage IIIB
- Stage IV

The Applicant has undergone treatment as follows:

- Lumpectomy
- Mastectomy
- Sentinel Nod Biopsy
- Axillary Lymph Node Dissection
- Radiation Therapy
- Chemotherapy
- Hormone Therapy
- Other: \_\_\_\_\_

In my opinion, Applicant is of sound mind and capable to sign legal documents. I have taken the opportunity to discuss the Vacation Preferences of Applicant provided to Send Me On Vacation, Inc. (as noted above) with Applicant. In my opinion, the Applicant's medical condition will not prohibit her from participating in the activities surrounding the Vacation Preferences described. Accordingly, I hereby approve of and consent to the travel arrangements and/or activities in which Applicant shall partake or engage, as the case may be, subject to the following restrictions: (If none, please write NONE).

**Restrictions:**

**Applicant's Life-Threatening Diagnosis:**

Diagnosis (Cannot be Left Blank)

**Applicant's Medical Needs:**

Wheelchair: Yes No

Oxygen: Yes No

Nursing Care: Yes No

Additional Medical Needs of Applicant (if none, please write NONE):

**MUST BE SIGNED BY PHYSICIAN:**

Physician (Signature) \_\_\_\_\_

Date: \_\_\_\_\_

Physician (Print Name) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Physician's Treatment Facility Fax: (\_\_\_\_) \_\_\_\_\_

Physician's Treatment Facility Address City, State & Zip: \_\_\_\_\_

**Please return ASAP to:  
Send Me On Vacation, Inc.  
3050 South Durango Drive  
Las Vegas, Nevada 89117  
702-277-3812 (Phone) 702-872-5545 (Fax)**



## **MAILING INSTRUCTIONS**

### **CHECK LIST FOR APPLICATION PACKET**

- BE SURE YOU HAVE SIGNED AND INITIALED IN ALL DESIGNATED LOCATIONS.**
- Completed and signed SMOV Applications Form.
- Completed and signed Contact Information.
- Completed and signed SMOV Vacation Preferences.
- Completed and signed SMOV Applicant Agreement.
- Completed and signed Applicant Signature Page.
- Completed and signed Send Me On Vacation, Inc. Release of Medical Information – HIPAA Form and Authorization for Use/Disclosure of Protected Health Information
- Completed and signed MEDICAL STATEMENT OF APPLICANT ELIGIBILITY AND CONSENT TO PARTICIPATE
- Emailed to [backuscathy@gmail.com](mailto:backuscathy@gmail.com) three recent photos of Applicant in .jpeg or Smartphone photo format
- Submitted via to [backuscathy@gmail.com](mailto:backuscathy@gmail.com) a personal story of 200 to 300 words why you believe this Vacation is deserving and will benefit you

YOU MUST SEND ALL SIGNED ORIGINALS TO:

**Send Me On Vacation, Inc.**

**3050 South Durango Drive**

**Las Vegas, Nevada 89117**

**702-277-3812 (Phone) 702-872-5545 (Fax)**

[communications@sendmeonvacation.org](mailto:communications@sendmeonvacation.org)

[www.sendmeonvacation.org](http://www.sendmeonvacation.org)