



Carolinas HealthCare System  
Levine Children's Hospital



## Seacrest Studios at LCH Appearance Application

We appreciate your interest in visiting the Seacrest Studios at Levine Children's Hospital. All potential visitors are required to fill out this application. Completion of the application does not guarantee an appearance. Applications must be submitted at least one month prior to your earliest preferred appearance date. If approved, we will do our best to accommodate your scheduling desires. Levine Children's Hospital reserves the right to change or cancel an appearance at any time. Promotion, advertising and/or fundraising for entities outside of Carolinas HealthCare System is not allowed without prior approval by Carolinas HealthCare Foundation.

**Organization/Musical Act Name:** \_\_\_\_\_

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

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

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Reason for Visit:** \_\_\_\_\_

\_\_\_\_\_

**Website / Facebook / Twitter:** \_\_\_\_\_

\_\_\_\_\_

**Sample Audio/Video or YouTube Page:** \_\_\_\_\_

**Number of people in group. Adults:** \_\_\_\_\_ **Children (over 14yr):** \_\_\_\_\_

**Anticipated media coverage:** Yes No

**Preferred date/time of visit**

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

**Please list any equipment, instruments, props, handouts, etc. that you will bring with you:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed application to**  
**[LCHSeacrestStudio@carolinashealthcare.org](mailto:LCHSeacrestStudio@carolinashealthcare.org)**

**Please note: The submission of this application does not  
guarantee approval of appearance.**



As a representative of \_\_\_\_\_  
I affirm that the entire group has read the requirements for groups and entertainers visiting Levine Children's Hospital and affirm the group's willingness to adhere to these guidelines.

- We understand that the group must arrive in the LCH atrium 10 minutes before their scheduled time on the day of the visit.
- We understand that if the group is more than 20 minutes late without notifying the number listed our visit will be canceled.
- We understand that the group must dress appropriately: casual business attire, no open toed shoes (flip flops, sandals, etc).
- We understand that no member of the group with a scratchy throat, cold or fever will be allowed to interact with the patients.
- We understand that all items to be given to the children must be cleared through the group/event coordinators office.
- We understand that the group cannot distribute religious materials or messages.
- We understand that no photographs of the patients can be taken without written permission from the family.
- We understand that no more than 10 people will be allowed to visit the patient floors.

Contact Name (Print): \_\_\_\_\_

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

Please return to: Levine Children's Hospital  
Meredith Dean – Seacrest Studios Program Coordinator  
1000 Blythe Blvd  
Charlotte, NC 28203  
Telephone: 704-381-1181

Approved By: \_\_\_\_\_