



Appearance Application

We appreciate your interest in visiting 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 Atrium Health System is not allowed without prior approval by Atrium Health Foundation.

Organization/Musical Act Name: _____

Contact Name: _____

Address: _____

Phone Number: _____ **Email Address:** _____

Reason for Visit: _____

Website / Facebook / Instagram: _____

Sample Audio/Video or YouTube Page: _____

Number of people in group. Adults: _____ **Children (16+ yrs):** _____

Anticipated media coverage: Yes No

Preferred date/time of visit

1st choice: _____ 2nd choice: _____

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

Applicant Signature: _____ **Date:** _____

Please return completed application to
SeacrestStudios@atriumhealth.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.

Contact Name (Print): _____

Signature: _____

Date: _____

Please return to:

Levine Children's Hospital
Meredith Dean – Seacrest Studios Program Coordinator
1000 Blythe Blvd
Charlotte, NC 28203
704-381-1181
SeacrestStudios@atriumhealth.org
[@ryanfoundation](https://www.instagram.com/ryanfoundation) [@levinechildrens](https://www.instagram.com/levinechildrens)

Approved By: _____