

Application Wilson's Fitness For a Cure Cold Cap Program

Applicant information

Name: _____ Date: _____ Date of
1st chemo: _____

Address: _____

Email: _____ Phone: _____

Caregiver Name: _____
Caregiver email
and phone: _____

Application Questions

1. Why do you want to borrow our cold caps?

2. Do you agree to adhere to the guidelines for using the cold caps?
3. If there is any damage to our cold caps or they are not returned by the return date, do you agree to pay for them in full (\$1,395):

What information would you like for us to know about you: