



## POP-UP BIRTHDAY Request Form

*(Please submit your request at least 30 days prior to requested pick-up date)*

### REQUESTOR'S INFORMATION

Your Name:

Your Agency (CPS, CASA, etc.):

Your Cell Phone:

Your Email:

Supervisor's Name:

Supervisor's Email:

### CHILD'S INFORMATION

Child's FIRST name:

Sex (M or F):

Ethnicity:

Birth Date:

Upcoming Age:

Case Number:

Child's Legal County:

Placement Type (*Foster Home, Kinship, Residential Treatment Center*):

### PARTY BOX INFORMATION

1) Requested Pick-Up Date (**Thursdays only**):

2) Requested Party Theme:

3) Number of Children (*including the birthday child*): \_\_\_\_\_ (4, 8, 10 or 12 kids max)

4) Child's Gift Wishes:

- Gift for Fun (toy/big item):
- Gift for Need (clothing, pajamas, socks, etc):
- Gift to Read (book):

5) Child's shirt/pant/shoe size:

### ADDITIONAL INFORMATION

*Our mission is to provide a birthday experience to a child who might not otherwise be celebrated.*

*In 2-3 sentences, please tell us a little more about the child's personality, why the child is in care and any special needs.*

Submit request forms to Pop-Up Birthday at: [request@popupbirthday.org](mailto:request@popupbirthday.org)

*A confirmation email will be sent upon acceptance.  
A reminder email & directions will be sent a few days before pick-up.*