

The Blue Knights®
Law Enforcement Motorcycle Club
N.J. Chapter IX

For over 20 years the Blue Knights have been financially helping families with children that have catastrophic illnesses. In order to help the Executive Board select future recipients, the attached application has been created to smooth the process. The object of the Garlic Run is to help families with outstanding medical bills and other necessary financial needs.

This form is intended to help the most needy of families be chosen for assistance. All information is voluntary and all information will be kept confidential.

Please complete the form with as much information as possible to help us with the process.

Thank you for your anticipated cooperation.

BKNJIX
Executive Board

Please respond to all questions and sign where indicated on the last page. Attach additional sheets if necessary.

Child's Name: _____
First, Middle, Last Name

Address: _____
Street Address, City, State, Zip

County : _____

Gender: _____

Age: _____

Illness or other condition for which child requires assistance:

Treatments: (covered / non covered by insurance)

Length of Illness: _____

Prognosis: _____

Doctor's Names: _____

Hospital(s): _____

Other Hardships (ie. transportation, specialists, accessories, wheelchairs) not covered by insurance:

Estimated amount of current medical bills not covered by any insurance or any other charitable or governmental source.

\$ _____

If possible, estimate the amount of future medical bills which will not be covered by insurance or any other charitable or governmental source.

\$ _____

Type of Medical Coverage (child's): _____

Mother / Guardian Name _____

Address: _____

Occupation: _____

Phone No. Home: _____ Cell: _____

Father / Guardian Name _____

Address: _____

Occupation: _____

Phone No. Home: _____ Cell: _____

Siblings Name(s): _____

Siblings Age(s): _____

Has the Child been a beneficiary of any other charitable organizations? Please list:

Have there been any other organizations assisting with fund raising needs in the past or are there future scheduled events planned? If yes, please explain

Please add any additional information you believe would help the Board in the decision making process.

Is there a fund set up for the child's financial assistance? _____

If yes, give the name of the fund, name of the bank where it is located and the account number of the fund.

If the fund is not at bank, give the name and address of the person responsible for the fund.

* Please note, if there is currently no fund for the child and he or she is selected as a Garlic Run Recipient, there must be a fund set up by the time the donation is made.

By your signatures below, on behalf of yourselves and the child applicant you represent and warrant that you understand and agree that:

- (a) Neither the Blue Knights New Jersey Chapter IX, nor any of its officers, directors or members has been or is providing any legal, tax or accounting services or advice; and
- (b) Neither Blue Knights New Jersey Chapter IX, nor any of its officers, directors or members will assume any legal or other obligation for any of the affairs, liabilities or accounts for you or the child applicant;
- (c) It is your responsibility to obtain advice from qualified professionals regarding any tax or legal consequences of accepting a donation from the Blue Knights New Jersey Chapter IX;
- (d) If your child is selected as a Garlic Run Recipient you consent to the child's name and the nature of his or her medical condition(s) being publicly released for fund raising purposes; and
- (e) The statements made in this application are true to the best of your knowledge.

Parent or Guardian

Date:

Parent or Guardian

Date: