



BEPERPECTFOUNDATION.ORG

## Sponsorship Application

For Exercise Based Recovery Program and Medical Needs

### Applicant Information

Name	
Street Address	
City, State, Zip Code	
Contact phone	
E-Mail Address	
Gender	
Date of Birth	
Name of Person Filling out Application	
Relationship to Applicant	

### Injury Information

Injury Level	
Injury Date	
Cause of Injury	
Extent of Injury	
Prognosis	

### Hospital Information (If applicable)

Name of Hospital	
Address	
Room#	
Contact Person	
Physician (optional)	

### Physician / Rehabilitation Information

Primary Care Physician	
Address (Office)	
Contact Number	
Primary Rehabilitation Therapist	
Address (Clinic)	
Contact Number	

### Financial Information

Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/>
Number of Dependents	
Annual Income	\$
Source(s) of Income	

Please note that the Be Perfect Foundation may request proof of income in the form of a tax return or bank statement. All information confidential and is used only for the purpose of evaluating your request.

### Services Needed

The Perfect Step -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Duration		
Wheelchair -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment -		
Other Explain -		

### Insurance Information

Name of insurance	
Policy Type	
Contact Number	

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## Supplemental Information

How will this Sponsorship help you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain your immediate needs and concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to tell us about yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Be Perfect Foundation believes in the expression of "paying it forward". How have you, or how do you plan to pay it forward? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about The Be Perfect Foundation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Waiver and Truth Statement

"Any decision by Be Perfect Foundation (BP) as to: i) whether or not a sponsorship is to be awarded and ii) if awarded, in what amount and the terms and conditions attaching thereto, shall be made in the sole and absolute discretion of BP. By your submission of this sponsorship application to BP, you agree to be bound by the decision of BP and indemnify and hold BP harmless from any and all claim, actions and/or causes of action arising directly or indirectly as a result of BP's decision."

BP uses sponsorship bios and photos to assist in fundraising efforts to complete our mission. The statements and answers given in this sponsorship application are true and correct. I understand that misstatements in this sponsorship application could cause my application to be denied.

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

**If under the age of 18, please have parent or guardian sign this Request**

Guardian Name (printed) \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**I AGREE**  Applicant Name \_\_\_\_\_

Please mail this completed form to: Be Perfect Foundation-720 Indigo Ct. Pomona, CA 91767

Or you can email your completed form to [support@bepperfectfoundation.org](mailto:support@bepperfectfoundation.org)