



Walk With Wings

Specialising in NICU, PICU, Palliative Care, and Angels of all ages from 16 weeks Gestation.

Date Impressions Taken: \_\_\_\_\_  
Date of Framing Appointment: \_\_\_\_\_

BOOKING INFORMATION				
Child Name:	Birth Gestation/Age:	Location Seen:		
Child DOB:	Birth Weight (If Applicable):	Contact:		
PERSONAL INFORMATION				
Parent/Guardian Name:		Email:		
Address:	Suburb:	Post Code:		
Contact Number:	Referred by:			
FRAMING INFORMATION				
Frame Style:	Frame Code:	Top Matt:	Thin Matt:	Back Matt:
Photo Required:		Certificate Required:		
Name Plaque Wording:				
.....		.....		
.....		.....		
.....		.....		
.....		.....		
Hand/Feet Plaque Colour (Please circle)				
Gold		Silver		
Special Instructions:				
Cost of Frame(s):	Delivery Fee:	Subtotal:		

I, \_\_\_\_\_ (parent or guardian), authorise *Walk With Wings* to fabricate the work as described above. I acknowledge that I have read the terms and conditions and that if any payment is required, it will be paid in full prior to the collection of my frame(s) and I understand at any time there may be unforeseen delays due to the volume of bookings received and/or the time of year.

*Walk With Wings* will take the upmost care in the impression taking of your child/ren's hands and feet. Occasionally during the impression taking, there may be a residue from our material left over on skin, but we endeavour to clean everything off before we leave. There is a risk pending skin conditions that may result in slight damage to skin.

Parent/Guardian's Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_