



United Cerebral Palsy of West Central Wisconsin
206 Water Street Eau Claire, WI 54703
Phone: 715-832-1782 Fax: 715-832-8203

UCP RESPITALITY APPLICATION FORM

- Name/s of person/s w/disability: _____
- Diagnosis: _____
- Name/s of Caregiver/s requesting Getaway: _____
- Address: _____
- City, Zip Code: _____
- Phone: _____ County: _____
- Email Address: _____

NOTE: Although UCP does not provide child care for your Respitality getaway, please contact the Agency for possible resources in your area, if necessary.

- Your Respitality requested day of week and calendar dates in order of preference:

1. _____ 2. _____ 3. _____

NOTE: Since Respitality services are generous donations from area businesses, please be absolutely sure that the requested dates you give us are dates when you are positively available

- Room preference: _____ Non-Smoking _____ Smoking _____ Queen Bed _____ Twin Beds
- Please return this form to: United Cerebral Palsy (address found above)

(For UCP Office use only)

Date Application returned: _____

RESPITALITY DAY OF WEEK AND CALENDAR DATE: _____

Confirmed Merchant Participation: Hotel _____ Dinner _____ Flowers _____ Movie _____ Breakfast _____

Sent letter of acceptance: _____ Date: _____