



My Happy Place Nomination Form

My Happy Place vacations require a personal nomination. Upon acceptance of nomination, the Nominee will receive an application form to complete with their personal and medical information.

Please e-mail your completed nomination form to:

kristakasper@mamamare.org and jonathanarroyo@mamamare.org

Pre-requisites for the nominee – please check each box to indicate each section applies to your nominee before continuing with the rest of the form:

- The vacation recipient must be a breast cancer patient within one year of treatment.
- The vacation recipient must live in NY, NJ or PA.

**Nominations without all pre-requisites met will not be considered.*

**Please note that nominations and applications are reviewed by the MMBCF team on a quarterly basis. If your Nominee is selected to apply to receive the My Happy Place vacation, you will both receive a phone call or email from our team notifying you.*

Please fill out the following information (all pages):

Your Name: _____

Your Phone Number: _____

Your Email Address: _____

Nominee's Name: _____

Nominee's Phone Number: _____

Nominee's Email Address: _____

Relationship to the Nominee: _____

Does the Nominee meet **both pre-requisites** outlined on the first page of this form? (Y/N):

Please include any additional information you wish to let us know about the Nominee:
