



DATE: \_\_\_\_\_

### AmTryke Request Application

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to Recipient: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Recipient Information

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Diagnosis of Recipient: \_\_\_\_\_

Type of Therapy Recipient is receiving: \_\_\_\_\_

Therapist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist Email Address: \_\_\_\_\_

Size of AmTryke® Requested:      **8"      12"      16"      All Terrain**

Is financial assistance needed in obtaining the AmTryke®?      **Yes      No**

How much can you afford to pay?      \$ \_\_\_\_\_

You agree to return the AmTryke® to AMBUCS™ when the recipient can no longer benefit from the use of it so that it may be "recycled" for the use by another child? \_\_\_\_\_

Please return completed form to:

*Springfield AMBUCS*  
*c/o Susie Jackson*  
*264 N. Koke Mill*  
*Springfield, IL 62711*  
*217 241-0202 office*  
*217 726-6239 home*  
*217 241-4202 fax*  
[susan@garrisongroupinc.com](mailto:susan@garrisongroupinc.com)

*Toddler: Approximate Age 1-4 \$322.*  
*Inseam of 15-18 inches in length*  
*Regular: Approximate Age 4-8 \$532.*  
*Inseam of 17-22 inches in length*  
*All Terrain: Approximate Age 7-12 \$532.*  
*Inseam of 19-24 inches in length*  
*Large: Approximate Age 7 and up \$632.*  
*Inseam of 21-32 inches in length*