



Kiwanis of the Colorado River BED Application

Thank you for applying with The Kiwanis of the Colorado River (Noon Club) beds for children program...
because every child deserves a good night's sleep.

Parent / Guardian's First Name: _____

Parent / Guardian's Last Name: _____

Home Address: _____

Parent / Guardian's Phone: _____

Parent / Guardian's Email: _____

Alternate Phone Number: _____

Delivery Street Address: _____

Number of Beds Requested: _____ Number of Children Needing Beds: _____ Beds per Room: _____

Age and Gender of Children: _____
(supports bedding choice)

Where Do Your Children Currently Sleep: _____

How did you hear about the Bed program sponsored by Kiwanis of the Colorado River: _____

Any Additional Information You Would Like To Provide To Us: _____

Please email completed applications to beds@crkiwanis.com

or

mail to: PO Box 21642, Bullhead City, AZ 86439