

## USSA – Referral Form

If you know of a child, adult, or veteran that you believe qualifies and interested in attending an outdoor wish trip, please fill out the following form and submit for USSA's review.

**Enter the contact information of the person you are referring:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Zip \_\_\_\_\_ Date of Birth (or age) \_\_\_\_\_ Contact Phone # (\_\_\_\_) \_\_\_\_\_.  
Email Address \_\_\_\_\_  
Sex \_\_\_\_\_ Wheelchair or special needs \_\_\_\_\_

If applicant is under 18 years, please fill out the following:

Parent or guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
General information and or circumstances of applicant \_\_\_\_\_  
\_\_\_\_\_

**Enter your information as the referral for the person you listed above:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Contact Phone # (\_\_\_\_) \_\_\_\_\_.  
Email Address \_\_\_\_\_

**Note: We must have your name and phone number before contacting the Applicant or his or her parents/guardian.**

Describe your relationship to the child, youth or veteran. **Check ALL boxes that apply.**

Parent       Guardian       Relative       Friend   
Doctor/Nurse       Therapist       Social Worker       Teacher       Other

Other comments, questions, and or observations \_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge the information listed above is accurate, and the potential recipient may enjoy and benefit from a free outdoor wish granted by USSA. **\*Please check if you agree**

**Please print form and fax, mail, or email to:**

**United Special Sportsman Alliance**

N7864 Shotwell Lane • Pittsville, WI 54466 • (715) (884-2256) • Fax: (715) (884-7388)

Website: [www.childswish.org](http://www.childswish.org) Email: [childswish@gmail.com](mailto:childswish@gmail.com)

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