

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 Email: childswish@gmail.com

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