

USSA Referral Form 2025

If you know of someone who would benefit from attending an outdoor wish trip, please complete the form below and submit it for USSA's consideration.

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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