

# USSA Referral Form 2026

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

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