

## SKW – Referral Form

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

**Enter the following information for the child you are referring:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Date of Birth (or age) \_\_\_\_\_ Contact Phone # (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Sex \_\_\_\_\_ Wheelchair or special needs \_\_\_\_\_  
Parent or guardian \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
General information and or circumstances of child \_\_\_\_\_  
\_\_\_\_\_

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

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

**Note: We must have your name and phone number before we will contact the child's parent.**

Please check ALL boxes that apply to your relationship to the child:

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 SKW. **\*Please check if you agree**

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

### Special Kids Wish

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

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

Copyright © 2016 by United Special Sportsman Alliance Inc. (USSA) All rights reserved.