

Referral

Reservation #: _____ or Customer #: _____

Guest Name: _____

Dates of Lesson referred: _____

Home Town Address: _____

Cell #: _____ **Local Lodging #:** _____

Email Address: _____ Home Phone #: _____

**ORIGINAL
INSTRUCTOR**

Name: _____

Print Clearly

Signature: _____ *

** It's the responsibility of the Original Instructor to: 1. Contact the instructor being referred and have them accept the (possible) booking by signing this form. 2. Contact the guest and confirm that the referred instructor and booking dates are agreeable to them. 3. Get a supervisor's approval and turn in form.*

Reason for referral: _____

Instructor	Start Date	End Date	Lesson Type	Request Referral	Meeting Place	Ability Level
			P6 P3 am pm Alpine SB Nordic Adaptive	Request Referral		1 st time Beg. Int. Adv. Adult Child: 3-6 7-14
# Students:	Lesson Notes (<i>lesson goals, etc.</i>):					

**REFERRED_(NEW)
INSTRUCTOR**

Name: _____

Print Clearly

Signature: _____ **

*** It's the responsibility of the Referred Instructor to contact the guest **before** the booking to introduce themselves and confirm the details of the booking (dates, meeting location, start time, special needs, etc.).*

Supervisor Approval: _____

Reservationists: Please do not make any bookings without supervisor approval.

For Admin Use

Referral Credits given (include dates) _____

Admin: _____