



	or Customer #:					
Home Town Address: Cell #:	Local Lodging #:					
Email Address:	Home Phone #:					
ORIGINAL	Name: Print Clearly!					
INSTRUCTOR	Home POD					
	Signature:					
* It's the responsibility of the O 1. Contact the instructor being re- booking by signing this form.	riginal Instructor to: Guest * eferred and have them accept the (possible)					
2. Contact the guest and confirm dates are agreeable to them.	n that the referred instructor and booking					
 Get a supervisor's approval a Reason for referral: 	Original Referred					

Instructor	Start Date	End Date	Lesson Type	# of Guests	Meeting Place	Ability Level
			P6			1 st Time
			P3 AM PM			Beg. Int. Adv.
			Alpine SB Nordic Adaptive			Adult Child: 3-6 7-14

Supervisors may switch a lesson to an assignment if the referred instructor & guest have not communicated.

REFERRED (NEW)

Name: _____ Print Clearly!
Home POD _____

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: _