



Referral

Reservation #: _____ or Customer #: _____

Guest Name: _____

Home Town Address: _____

Cell #: _____ Local Lodging #: _____

Email Address: _____ Home Phone #: _____

**ORIGINAL
INSTRUCTOR**

Name: _____ Print Clearly!

Home POD (BCA, BCASB, BOC, BOCBS, BOCOC, BCN) _____

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	# of Guests	Meeting Place	Ability Level
			PG			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)
INSTRUCTOR**

Name: _____ Print Clearly!

Home POD (BCA, BCASB, BOC, BOCBS, BOCOC, BCN) _____

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: _____