



REFERRAL FORM

(to be completed by referring agency/doctor/social worker)

PARENT/GUARDIAN INFORMATION

(LAST NAME)

(FIRST NAME)

(LAST NAME)

(FIRST NAME)

ADDRESS:

Street Address Apt. #

City State Zip

PHONE NUMBER:

(Home)

Mobile

(Work)

(Other)

Email address

REFERRING PERSONS INFORMATION:

NAME:

AGENCY/ORGANIZATION

CONTACT INFORMATION:

Address City State Zip

Phone Number

Fax

Email address



GENERAL INFORMATION

LAST NAME OF FAMILY/GUARDIAN _____

CHILD LIVES WITH: _____

EMPLOYER INFORMATION: _____

PATIENT'S (CHILD) NAME: _____

CHILD'S AGE: _____

CHILD'S MEDICAL CONDITION: _____

OTHER SIBLING INFORMATION:

NAME: _____

AGE _____



Vacation Dates Requested

In efforts of helping to accommodate your schedule, we ask that you give us three different dates when your family is available to enjoy a vacation at one of SPM Resorts’ affiliated properties. The Resort Vacations typically are available from Saturday to Saturday. However, you will not be required to utilize the vacation for the entire six night/seven days if that is not feasible for your family. However, you will need to communicate your check-in/check-out dates with us in order for us to ensure that we are prepared for your arrival.

We look forward to serving you at one of our SPM Resorts affiliated properties.

Family Name: _____

Example: check in February 1/ check out February 6.....location: Myrtle Beach, SC

	Dates	Location
1 choice		
2 nd choice		
3 rd choice		

SPM Resorts locations:

- Myrtle Beach
- Daytona Beach, Florida
- Ft. Lauderdale, Florida
- Orlando, Florida



Consent & Release Authorization

I hereby consent and grant Sharing Precious Memories (SPM) Foundation and SPM Resorts, Inc. permission to use my name, address and/or photograph(s) (photographs being designed as including, but not limited to: videotapes, film voice recording, or other representations of myself and/or my child) taken of me and any reproductions thereof in any form, style or color.

Said photograph(s) may be used in any or all publication, whether informational or promotional, that relate to the programs of SPM Foundation. I further agree that all such photograph(s), plates, negatives or masters shall be and remain the sole and the exclusive property of SPM Foundation. I hereby waive, their officers, directors, employees, agents and all other parties from any and all present and future claims, grievances, damages and causes of action that he/she may have arising out of or in connection with such use.

Signature (parent/guardian)

Date

Print Name

Signature (parent/guardian)

Date

Print Name

Name(s) of Minor Children



VACATION ACTIVITIES QUESTIONNAIRE

Family Name: _____

Activities you would like to do while on vacation? (rank in order of interest)

- _____ Swimming
- _____ Putt Putt
- _____ Movies
- _____ Theatrical Plays
- _____ Concerts

- _____ Games
- _____ Theme Parks
- _____ Golf
- _____ Other

Please share any other information that you would like for us to know about your family that will help us plan your vacation.

