



Confidential

## WINCH HOUSE REFERRAL FORM

Today's date: \_\_\_\_\_

Date accommodation needed at the Winch House: \_\_\_\_\_

Approximate length of stay at Winch House: \_\_\_\_\_

Referral Agent's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Referred Guest

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Organization or Service: \_\_\_\_\_

Organization Contact number: \_\_\_\_\_

### Accompanying Family Members staying at Winch House:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Have any prospective guests had recent exposure to an infectious disease or contagious illness, which might compromise an individual with a lowered immune system? Yes\_\_\_\_ No\_\_\_\_

Does the family have special needs? \_\_\_\_\_

Will the family need transportation? \_\_\_\_\_

#### Honour House Society Staff Only:

Received: \_\_\_\_\_

Verified By: \_\_\_\_\_ Expires: \_\_\_\_\_

Approved By: \_\_\_\_\_

On Site: Room Number: \_\_\_\_\_ Check In: \_\_\_\_\_ Check Out: \_\_\_\_\_

Check In Method: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Approved Thru: \_\_\_\_\_ Check In: \_\_\_\_\_ Check Out: \_\_\_\_\_

Additional Costs: \_\_\_\_\_ Approval: \_\_\_\_\_

Total Cost: \_\_\_\_\_