

# New Customer Referral Form

## STEP #1

YOUR INFORMATION	
Date:	_____
Customer/Authorized Provider Name:	_____
Your name:	_____ Phone #: _____
Email:	_____
Mailing Address:	_____ City: _____ State: _____ Zip: _____

## STEP #2

YOUR REFERRAL	
Company/Organization Name:	_____
Contact Person:	_____ Title: _____
Phone #:	_____ Email: _____
Red Cross Courses you think this organization may be interested in: (check as many as applies)	
<input type="checkbox"/> Adult CPR/AED	<input type="checkbox"/> Wilderness First Aid
<input type="checkbox"/> Infant & Child CPR	<input type="checkbox"/> Pet First Aid
<input type="checkbox"/> First Aid	<input type="checkbox"/> Water Safety
<input type="checkbox"/> CPR for the Professional Rescuer	<input type="checkbox"/> Lifeguarding
<input type="checkbox"/> Bloodborne Pathogens	

## STEP #3

**Submit this form to the Pikes Peak Chapter:**  
Heather Walma, 1040 S. 8<sup>th</sup> Street, Colorado Springs 80905  
Fax: (719) 632-0206  
Email: [hwalma@pparc.org](mailto:hwalma@pparc.org)

### FOR OFFICE USE ONLY

#### Sales

Date received \_\_\_\_\_ Referred agency called on \_\_\_\_\_ Did they want more info Yes No  
First course on \_\_\_\_\_ as AP/FS Class \_\_\_\_\_ FS Cost \$ \_\_\_\_\_ 20% Comp. \$ \_\_\_\_\_

#### H&S Accounting

Is current customer acct paid in full? Yes No Outstanding Balance \$ \_\_\_\_\_ Customer notified on \_\_\_\_\_  
Is referred customer acct paid in full? Yes No Outstanding Balance \$ \_\_\_\_\_ Customer notified on \_\_\_\_\_  
Dir Approval \_\_\_\_\_ Forwarded to Chapter Accounting on \_\_\_\_\_

#### Chapter Accounting

Check Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ sent on \_\_\_\_\_ *\*\*Send to address in Box#1 & return form to H&S.*