

# Family Referral Program



Your Name \_\_\_\_\_

How would you like this referral benefit allocated, if your prospective family enrolls:

\$250 tuition credit

1 piece of unique Spiritwear for each family member

## Prospective Family

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

## Prospective Students

Last Name	First Name	Grade (2017–2018)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____