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: _____

Office: 604-763-7678 Fax: 604-696-6287