



# \$50.00 Referral Voucher

## SMCA

503-454-0319

Note: \$50.00 will be awarded to your family account only if the family has enrolled at SMCA as a result of your referral.

### Spring Mountain Christian Academy

Office use only:  
VOUCHER # \_\_\_\_\_  
Administrator signature: \_\_\_\_\_

#### Please fill out the following information & return with your Enrollment Application:

First/Last Name of the family to whom you have recommended SMCA: \_\_\_\_\_

Did they enroll at SMCA after your referral?  yes  no  not sure

Your relation to this family:  family  friend  other \_\_\_\_\_

Their phone number: \_\_\_\_\_

Their e-mail address: \_\_\_\_\_

Children grade levels: \_\_\_\_\_

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Your First/Last Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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