



**WOMEN IN THE WIND DAY SAIL REFERRAL DOCUMENT**  
Please do not include **CONFIDENTIAL** medical information  
**COMPLETE FORM AND SUBMIT TO**  
[wsaoc.communityservice@gmail.com](mailto:wsaoc.communityservice@gmail.com)

**SELF-REFERRAL** \_\_\_\_\_

**NAME** \_\_\_\_\_

**AGENCY REFERRAL** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**WSA-OC MEMBER REFERRAL** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

.....  
**NAME OF PARTICIPANT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**PLEASE NOTIFY IN CASE OF EMERGENCY** \_\_\_\_\_

**SPECIAL NEEDS/CONCERNS** \_\_\_\_\_

(Participants should plan to spend a full day on boat, but can be taken back to dock if an emergency arises)

**PLEASE TELL US A LITTLE ABOUT YOURSELF** \_\_\_\_\_

**WHY DO YOU FEEL THIS PROGRAM CAN BENEFIT YOU? \_\_\_\_\_**

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**DO YOU AGREE TO HAVE YOUR PHOTOS TAKEN AND/OR ANY QUOTES PUBLISHED IN THE WSA-OC MONTHLY NEWSLETTER, WEBSITE AND ON SOCIAL MEDIA PAGES?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**(photographs may be used in donor solicitation, press release and/or event publications)**

**SUBMIT YOUR REFERRAL TO THE EMAIL ABOVE. APPLICANTS WILL BE NOTIFIED VIA EMAIL OR PHONE CALL OF ACCEPTANCE AND WILL RECEIVE FURTHER INSTRUCTION AT THAT TIME. SAILS ARE HELD ON A QUARTERLY BASIS.**

**WSA-OC WILL PROVIDE A PICNIC STYLE LUNCH ON THE WATER, WATER/SODAS, A SAFETY BRIEFING AND PERSONAL FLOTATION DEVICE WILL BE MADE AVAILABLE.**

**PARTICIPANTS WILL BE REQUIRED TO SIGN A RELEASE OF LIABILITY WAIVER ON THE DAY OF THE SAIL.**

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**WSA-OC WIW COMMITTEE CHAIR REVIEW**

**REFERRAL REVIEWED BY \_\_\_\_\_**

**PARTICIPANT NOTIFIED \_\_\_\_\_**

**PARTICIPANT LUNCH CHOICE \_\_\_\_\_**

**FOLLOW UP COMMENTS \_\_\_\_\_**