



# Customer Referral Program

Date Received

## Sunny Hill Guest Information (Please Print Legibly)

Name	Email	Phone
Address	City, State	Zip

## New Referral's Information (Please Print Legibly)

Name	Email	Phone
Address	City, State	Zip

Note: To receive \*10% OFF, you must submit this completed form to the Sunny Hill office.

## Office Use Only:

New Referral's Final Bill	10% OFF – Gift Certificate Amt	Date Applied
Authorized Signature	Guest's Receipt Signature	