



**\$50.00 Referral Voucher**  
**Northwest Christian Education**  
**SD Office: (509) 924-4618**

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 -NCE CAMPUS**

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

**2016-17**

**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: \_\_\_\_\_

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

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

**Spring Mountain Christian Academy -NCE CAMPUS**

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

**2016-2017**

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**2016-2017**

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