

REFERRAL FORM

Please fill out this form as completely as possible. It will ensure your Deployed Person's needs are fulfilled to the best of our ability. Thanks so very much!!

Deployed Person's Name: _____

Address: _____

RETURN DATE: (This is SO important to ensure this person receives ALL our packages! PLEASE INFORM US OF ANY CHANGES.) _____

Location: (Iraq, Afghanistan or other location) _____

This person is MALE FEMALE Branch of Service: _____

Referring person's name (YOUR NAME): _____

Referring person's email: _____

Referring person's phone: _____

Are you a Blue Star Chapter #3 Member N Y If so, what is family member's birthday? _____

Does DEPLOYED have access to any of the following? (please circle any that apply)

Chow Hall	Microwave	PX
Laundry Facility	Coffee Machine	

Is there any information that you can give us that would help in our support? (i.e., receives no support, church is helping, located in remote site, will be on missions and away from chow hall, etc...) _____

Do you know of any special snack or treat that this DEPLOYED particularly likes? (If we have that item. We will make sure it is included in the boxes we send.) _____

Return to: Troop Support List Coordinator, BSM Miami Valley Chapter #3; PO Box 292722, Dayton OH 45429 or via email at troopsupport@bluestarmothersdayton.com .