



# TOTUS TUUS *of* Madison

## SUMMER CATECHETICAL YOUTH PROGRAM

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Diocese of Madison Office of Evangelization & Catechesis  
702 S. High Point Rd. • Madison, WI 53719 • 608-821-3135  
[www.madisondiocese.org](http://www.madisondiocese.org)

### REFERRAL FORM

The following information should be completed by the applicant before this form is forwarded to and completed by the referent.

#### Applicant's Information

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

The following is to be completed by the referent only. Please return this referral form to the Totus Tuus Diocese of Madison office (address above) or by email @ [marie.lins@madisondiocese.org](mailto:marie.lins@madisondiocese.org) by March 1, 2017. Thank you for your time in completing this referral. Please know that all the information you present about the applicant will be held confidential.

#### Referent's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Describe your relationship to the applicant and how long you have known him or her.

Please comment on the applicant's involvement in the Catholic Church.

Would this person be a good role model of faith for a young person? Explain.

What is the single best quality about this individual?

Please include any additional information we should know and take into consideration when making our decision.

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Signature

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Date