



Referral Form

Please complete this form & return to the address below, or email to refer@jump.uk.net. A member of the Jump team will contact the parents named on the form or if stated, the referrer or specified family member to discuss the referral.

Child's Name:	
Address:	
Date of Birth:	

Parents:	
Home Telephone:	
Mobile Telephone:	
Email Address:	

Referrers Name, Organisation & contact details:	
---	--

Please give a brief description of the child's health condition & how it may affect the shoot (eg. Flash photography may cause fits)	
--	--

Type of memory required: Photo/Video - Studio session, party, or event.	
--	--

Venue where memory is to take place:	
Time & Date of memory:	

Declaration: I understand that Jump will store the information given above, & provide a memory that involves taking photographic images of my child/family. The personal information will not be shared with any other persons or business. Jump may ask to use the images taken for promotional use- you will be given the choice of opting out of this. Should you require any further copies or products of the images taken, these can be provided at a low cost by our supplier Jump-Imaging C.I.C. **Please note that memories take 3-6 weeks to be completed & delivered.**

Signature: Date:

