



## SOLAR SHOP Kelly 62 Schools Referral Form

### Referral Details:

School Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

I \_\_\_\_\_ (PRINT NAME) of  
\_\_\_\_\_ (SCHOOL NAME) confirm that Energy Education  
Australia Inc. has referred Solar Shop Australia as a potential provider of a Grid Connect  
Solar System under the National Schools Solar Program (NSSP).

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Please complete referral form and send to Brandon Powers **Fax:** 08 8362 8866  
**Email:** [brandon.powers@solarshop.com.au](mailto:brandon.powers@solarshop.com.au)  
**Post:** 155 Payneham Rd, ST PETERS SA 5069

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Solar Shop Australia Office Use Only:

<b>Site Visit Completed:</b>	<input type="checkbox"/>	<b>Quote Provided:</b>	<input type="checkbox"/>
<b>NSSP Grant Approved:</b>	<input type="checkbox"/>	<b>Agreement Signed:</b>	<input type="checkbox"/>