

Request for Class or Camp Transfer

Name of Student: _____

Student's Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ or _____

Email: _____

Class enrolled in: _____

Section #: _____ Date: _____ Time: _____

I wish to transfer to:

Class or Camp: _____

Section #: _____ Date: _____ Time: _____

Your Name: _____ Date of request: _____

I realize that there is a \$10.00 transfer fee for each class or camp that needs to be rescheduled.

VISA/MC#: _____ **Name on Card:** _____

Expiration Date: _____ Amount to Charge: _____

Signature: _____