

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: _____