

ACTIVITY TRANSFER REQUEST FORM



Activity Transfer Guideline Statement

(Initials required) _____ I understand that Requests for an Activity Transfer can be considered and processed, (space permitting), when submitted in writing to the Registration Office seven (7) or more working weekdays prior to the start of the activity or session.

Date submitted _____

Head of household last name _____, First name _____

Address _____, City _____

Home phone _____ Daytime phone _____

Reason for Transfer Request _____

Name of participant to be transferred _____

FROM: Activity ID # _____ Name of Activity _____

Starting date _____ Time _____

Fee _____

TO: Activity ID # _____ Name of Activity _____

Starting date _____ Time _____

Fee _____

Office Use

Stamp date/time received:

If the new activity has a greater fee, what amount is due? _____

If the new activity has a lesser fee, what amount is applied to the household? _____

Date processed _____ Staff initials _____