PROGRAM TRANSFER or CANCELLATION REQUEST

	ŀ	HOUSEHOL	LD INFORMATION										
NAME(Adult's first and last name) ADDRESS			NAME(Adult's first and last name) ADDRESS										
							HOME #	WORK #		HOME #	WORI	X #	
							E-MAIL			_ E-MAIL			
EMERGENCY #			EMERGENCY #										
			EST (\$7 fee for each pro										
Participant Name	"TRANSFER FROM" Program Name	Code	"TRANSFER TO" Program Name	Code	Class F	ee Transfer Fee							
			ther Program within the same										
PROC	GRAM CANCELLAT "CANCEL" Program Name	ION REQ Code	UEST (\$7 fee for each pr	Class Ref	ncellation) fund Amount I if applicable)	Cancellation Fee							
				Q	u pp								
			Total	Refund Du	ıe: \$								
	SIGNATU	JRE REQUIRI	ED:										
Date			Registrant (Parent or Guard	ian if under 18	3)								
after this period will be participate, or appropria	given on a pro-rated basis and the documentation evidencing	nd only when g personal en	seven calendar days prior to the accompanied by a signed doctor nergency or hardship. A \$7.00 p arged for each participant progr	or's certificate rocessing fee	e indicating is per participa	nability to							
			as requested below. If a refund ents will be refunded by check f										
INDICATE METHOD	OF PAYMENT: CASH	_ CHECK _	MASTERCARD	VISA	DISCOV	ER							
CREDIT CARD NO			EXPIRATION DATE		_ AMOUNT								
SIGNATURE OF CARD F													