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	ζ#	
							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 Re	ncellation) fund Amount I if applicable)	Cancellation Fee							
			Total	Refund Du	ıe: \$								
	SIGNATU	JRE REQUIRI	ED:										
Date			Registrant (Parent or Guard	lian if under 18	3)								
after this period will be participate, or appropria	given on a pro-rated basis are 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 parged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship arged for each participant programmed to the seven hardship are seven hardship	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													