

# 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 \_\_\_\_\_

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### 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 \_\_\_\_\_