

LEARN TO SWIM

CLASS TRANSFER

Date Submitted: _____ Time Submitted: _____

Participant's Name: _____

Phone Number to Best Reach Guardian: _____

Email: _____

Transfer OUT:

Pool: BSSC -or- MSSC Season: SPRING SUMMER FALL Session #: _____

Class Level: _____ Class # _____

Time of Class Meeting: _____

Transfer IN:

Pool: BSSC -or- MSSC Season: SPRING SUMMER FALL Session #: _____

Class Level: _____ Class # _____

Time of Class Meeting: _____

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STAFF USE ONLY

Request accepted on: _____ Time: _____ Staff Member: _____

Transfer: Completed -or- Denied

Staff Notes: _____

Completed by: _____ Date: _____


Please file with a copy of the transfer receipt



Parks and Recreation

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