

**Seal Beach Community Services Department**

211 8<sup>th</sup> Street, Seal Beach, CA 90740

Office: (562)431-2527 x:1344 Fax: (562)430-3498

**TRANSFER REQUEST FORM**

**One class per form**

Adult Name : \_\_\_\_\_  
(Last Name) (First Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

**PARTICIPANT'S INFORMATION**

Participant's First Name: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_

**TRANSFER FROM:**

Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_

**TRANSFER TO:**

Class Number: \_\_\_\_\_ Class Name: \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_

Reason for Requesting a Transfer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please be sure you sign below

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**FOR STAFF USE ONLY**-----  
(Do not write below this line)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Special Comments: \_\_\_\_\_

\_\_\_\_\_  
Date Processed: \_\_\_\_\_ Staff initials: \_\_\_\_\_