

# PALATINE PARK DISTRICT PROGRAM TRANSFER

(Please Print)

Registrant's name \_\_\_\_\_  
(Last name) (First name)

Phone number \_\_\_\_\_ ( ) \_\_\_\_\_

Reason for change \_\_\_\_\_

Parent/Participant Signature \_\_\_\_\_

FOR OFFICE USE ONLY		
CA	CK	CG
transaction # _____		
amount paid _____		
checked by _____ date _____		
processed by _____ date _____		
batch # _____		

Class #	Current Class	Amount Paid

Class #	New Class	Amount Due

Refund amount due \_\_\_\_\_ Additional payment due \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_ **Check Wait List** \_\_\_\_\_