

TITANS Swim Academy

Program Transfer Request Form

Date: _____

Swimmer's Name: _____ Phone: _____

Email Address: _____

Program to Transfer OUT (check one) Teeny TINY TITANS Adult TITANS
TITANS 1 TITANS 2 TITANS 3 TITANS Fit Other _____

Program to Transfer IN (check one) Teeny TINY TITANS Adult TITANS
TITANS 1 TITANS 2 TITANS 3 TITANS Fit Other _____

Please list the exact dates and lesson time needed to complete your transfer.

Class(es) to transfer OUT OF

Class(es) to transfer IN TO

Date and Time: _____

Date and Time: _____

Date and Time: _____

Date and Time: _____

Date and Time: _____

Date and Time: _____

Date and Time: _____

Date and Time: _____

Date and Time: _____

Date and Time: _____

Date and Time: _____

Date and Time: _____

Please list any additional comments or notes below: _____

Place completed form in Program Managers Box.