South East Edmonton Seniors Association
9350 82 St NW Edmonton AB T6C 2X8
780-468-1985 info@seesa.ca www.seesa.ca

Program Transfer Request

Registrant Name:	
Phone Number:	

Program Transferring FROM:	
Class Name:	
Start Date:	
Amount:	

Program Transferring TO:	
Class Name:	
Start Date:	
Amount:	

Request Reason:	

Completed By:	
Date:	

Once this form is completed, submit it to the Program Coordinator

FOR PROGRAM COORDINATOR USE ONLY:	
Approved:	
Date:	
Payments/Fees	ADMIN FEES: YES - or - NO If yes: ___ Payment will come from the refund for class cost difference ___ Till receipt showing the admin fee payment is attached NEW CLASS COST IS HIGHER: YES - or NO If yes, attach till receipt showing the payment of the difference
Explanation: (if needed)	

OFFICE USE ONLY:	
Processed By:	
Date:	
CHECKLIST FOR WALLET/DONATION:	
1	Removed from FROM class
2	FROM Payment refunded to wallet
3	Register in TO class
4	TO Payment taken from wallet and, if needed, additional payment
5	Admin fee, if needed, is recorded (If Admin fee is coming from the wallet, enter fee and use of wallet in the till)
6	Wallet form completed when balance remains
7	Class attendance sheets updated (remove on FROM/add to TO) (If online class, Program Coordinator will have already advised instructor)
8	Activity Registration Form updated