CAMP TRANSFER

REQUEST

J Robinson Intensive Camps
Wrestling - 2016

Camper Name *(Please Print)*

First _____Last _____

Camp currently enrolled in: _____

Camp transfering to: _____

Reason for transfer:

_____

_____

_____

Date submitted_____By_____

Relationship to camper_____Primary Phone(_ _ _)_ _ _ - _ _ _ _

Attention – Please note the following:

- If you have purchased deposit insurance, the dates appicable to the orginal camp will be the dates used in determining whether a cash refund or camp credit would be provided in the event of a camp cancellation.
- Deposit insurance must be purchased at the time of the original regisitration and will not be available for purchase during a transfer.
- Please attach a new registration form only if there is **any** information that is different from the original camp registration.
- All transfers will be based on availability of camps and are at the discretion of JRIC camp.

A non-refundable $25 administrative fee must be included with transfer

Payment Method

Check Amount:_____Check #_____Check Name (PLEASE PRINT)_____

Credit Card Amount: _____ (PLEASE CIRCLE) VISA / MasterCard / Discover

Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Exp. Date** ☐☐☐☐ **CVV**: ☐☐☐

_____ _____

Cardholder Name (PLEASE PRINT) Cardholder Signature

Please Send *Camp Change Request* to:
J Robinson Intensive Camps
2520 E. Hennepin Ave, Suite 220
Minneapolis, MN 55413
Phone: 612-349-6585 Fax: 612-349-6584
Email: info@jrobinsoncamps.com

JRIC Office use only

Date Received: _____Received By: _____