



CAMP TRANSFER REQUEST

J Robison Intensive Camps
Wrestling - 2016

Camper Name (Please Print)

First _____ Last _____

Camp currently enrolled in: _____ Camp transferring 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 applicable to the original 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 registration 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 Robison 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: _____