



SANDY SPRINGS
GEORGIA

Registration Office:

1 Galambos Way
Sandy Springs, GA 30328

Change of the Program Form

Current Program:

Current Program Name _____

Day of the program _____ Time of the Program _____ Program fee _____

Change to:

Program Name _____ Instructor _____

Day of the program _____ Time of the program _____ Program fee _____

Participant's Name _____ **Age** _____

Parent's Name _____ **Phone # (_____)** _____

Email _____ **Zip** _____

Date of change _____

Balance to refund \$ _____ **or** **Balance to pay \$** _____

Participant or Parent/Guardian Signature _____

Office use only

Approved Signature _____

Denied Signature _____