



SANDY SPRINGS
GEORGIA

Registration Office:
705 Hammond Drive
Sandy Springs, GA 30328

Change of the Class Form

Current Class:

Current Program Name _____ Instructor _____

Day of the class _____ Time of the class _____ Class fee _____

Change to:

Program Name _____ Instructor _____

Day of the class _____ Time of the class _____ Class fee _____

Participant's Name _____ **Age** _____

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

Email _____ **Zip** _____

Date of change _____

Balance to refund \$ _____ **or** **Balance to pay \$** _____
(less admin fee of \$10)

Participant or Parent/Guardian Signature _____