

FESTIVAL TRANSFER INFORMATION

JR 3-1

Please send the following Festival information and fees for:

Student: _____ State transferred from: _____

Area Festival: _____

Teacher's Name: _____

Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Total Number Gold Cup Points:		As of (Date)	
Number of Consecutive Superiors:			

Mail to festival chairman in new area of student participation

Name
Address: City/State/Zip Code