FESTIVAL TRANSFER INFORMATION

JR 3-1

Student:		State transferred from:	
Area Festi	val:		
Teacher's	Name:		
	1		
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 fes	tival chairman in new area of st	udent participation	
Name			
Address:	te/Zip Code		