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REQUEST FOR LECTURE TRANSFER

All changes must be completed and submitted to the OLLI Boca office in writing one week before lectures begin. (Please fill out one form per person). Forms can be dropped off at the OLLI Boca location, faxed, or mailed using the address and fax number listed above. The office hours are from 9 a.m. to 4:30 p.m.

LECTURE TRANSFERS ARE ON A SPACE AVAILABLE BASIS.

NAME: _____ PATRON ID#: _____ DATE OF REQUEST: ___ / ___ / ___

ADDRESS: _____ CITY: _____ ST: ___ ZIP: _____

REASON FOR TRANSFER: _____

SIGNATURE (Required): _____

LECTURE NO.	COST		LECTURE NO.	COST
		<i>TRANSFER TO</i>		
		<i>TRANSFER TO</i>		
		<i>TRANSFER TO</i>		

OFFICE USE ONLY: Date Received: ___ / ___ / ___	AMT. TO RETURN: \$ _____
BALANCE DUE: \$ _____	By: _____
Process Date: ___ / ___ / ___	