

FESTIVAL TRANSFER INFORMATION

JR 3-1

Please send the following Festival information and fees for:

Student: _____ State transferred from: _____

Area Festival: _____

Teacher's Name: _____ Junior Club: _____

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 or email (preferred) to festival chairman in new area of student participation

Name: Lisa Smith Email: ffmc.festivals.chair@hotmail.com
Address: P.O. Box 32005 City/State/Zip Code: Jacksonville, FL 32237-0005