

FEDERATION FESTIVAL TRANSFER INFORMATION

JR 3-1

Please send the following Festival information (per student/per event):

Check one: <input type="checkbox"/> Junior Festival Participant <input type="checkbox"/> Adult Festival Participant		
Student:	Birthdate:	Previous State:
Previous Festival Area:	Previous Teacher:	JR Club:
New Festival Area:	New Teacher:	Email:

Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
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Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:
Year:	Event:	Class:	Rating:

Total Number Federation Cup Points:	As of (Date):
Number of Consecutive Superiors:	As of (Date):

Verified by: _____ Title: _____

Mail or email (preferred) to State Festival Chair in new state of student participation

Name:	Email:
Address: City/State/Zip Code:	