

CYPRESS RECREATION AND COMMUNITY SERVICES

5700 Orange Avenue, Cypress, CA 90630 Office:(714)229-6780 Fax: (714)229-6798

REFUND AND TRANSFER REQUEST

Adult's l	Name			
		First	Last	
Address	3			
		Street	City	Zip
Day Pho	one ()		Night Phone ()_	
-	, ,			
REFUND				
Participa	ant's Name			
		First	Last	
Class No	umber	Class Name		Fee \$
Reason	for refund			
Roadon	Tor rorana			·
*\$5 administrative fee per class will be deducted. Request must be submitted before the second class meeting.				
Refund takes 3-4 weeks. (This form is for contract classes only)				
Signature Date				
		TRANS	SFER	
Participa	anda Nama		· · · · · · · · · · · · · · · · · · ·	
Participa	ant's Name		· · · · · · · · · · · · · · · · · · ·	
		First	Last	
FROM:	Class Number _	First Class Na	Last	Fee \$
	Class Number _	First Class Na	Last	Fee \$
FROM: TO:	Class Number Class Number	First Class Na	Last	Fee \$ Fee \$
FROM: TO: Reason	Class Number Class Number for transfer	First Class Na Class Na	Last nme	Fee \$ Fee \$
FROM: TO: Reason	Class Number Class Number for transfer	First Class Na	Last nme	Fee \$ Fee \$
FROM: TO: Reason	Class Number Class Number for transfer	First Class Na Class Na	Last nmeDate	Fee \$ Fee \$
FROM: TO: Reason	Class Number Class Number for transfer	First Class Na Class Na	Last nmeDate	Fee \$ Fee \$
FROM: TO: Reason Signatur	Class Number Class Number for transfer re	First Class Na Class Na FOR STAFF	Last nmeDate	Fee \$ Fee \$
FROM: TO: Reason Signatur	Class Number Class Number for transfer re	FOR STAFF (initials) Refund amo	Last meDate USE ONLY unt \$	Fee \$ Fee \$ Date
FROM: TO: Reason Signatur	Class Number Class Number for transfer re	FOR STAFF (initials) Refund amo	Last ime ime Date USE ONLY	Fee \$ Fee \$ Date