



Request for:  Transfer  
 Refund

**COMMUNITY SERVICES**

701 Laurel Street  
 Menlo Park, CA 94025-3483  
 Telephone: 650-330-2200 Fax: 650-324-1721

**Refund and Transfer Policies:** If you cannot attend an activity or find the class not meeting your expectations, it is possible to request either a transfer or a refund. Your request will be prorated and assessed as follows: If you choose to transfer, we will apply the prorated amount of your enrollment fee to any other course within that session. If you prefer to receive a refund, a **\$15.00 processing fee will be deducted from the prorated fee based on the date of the request**, unless otherwise noted in our publications. All refund or transfer requests for classes with material fees or with two or fewer class meetings must be received one week prior to the class starting date. **If the course is canceled you will receive a full refund or you can request to transfer to another class.**

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (name if different from enrollees)

Enrollee Name: \_\_\_\_\_  
 (first name) (last name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Currently Enrolled in:**

1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Registration Number) (Course Name) (Receipt # )

\_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ - \$15.00 = \_\_\_\_\_  
 (Begin Date) (fee paid) (less prorated)

2) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Registration Number) (Course Name) (Receipt # )

\_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ - \$15.00 = \_\_\_\_\_  
 (Begin Date) (fee paid) (less prorated)

3) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Registration Number) (Course Name) (Receipt # )

\_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_ - \$15.00 = \_\_\_\_\_  
 (Begin Date) (fee paid) (less prorated)

Reason for refund/transfer: \_\_\_\_\_ **Total Refund** \_\_\_\_\_

**Requesting Transfer to:**

1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_  
 (Registration Number) (Course Name) (Begin Date) fees paid

2) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_  
 (Registration Number) (Course Name) (Begin Date) fees paid

**For office use only:**

MasterCard or Visa#: \_\_\_\_\_ Exp. date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 New Receipt Number: \_\_\_\_\_ Date processed: \_\_\_\_\_

**Amount Due** \_\_\_\_\_  
**Refund** \_\_\_\_\_