



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 _____