



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 Name _____
First Last

Address _____
Street City Zip

Day Phone (____) _____ Night Phone (____) _____

REFUND

Participant's Name _____
First Last

Class Number _____ Class Name _____ Fee \$ _____

Reason for refund _____

*\$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 _____

TRANSFER

Participant's Name _____
First Last

FROM: Class Number _____ Class Name _____ Fee \$ _____

TO: Class Number _____ Class Name _____ Fee \$ _____

Reason for transfer _____

Signature _____ Date _____

FOR STAFF USE ONLY

Approved _____ (initials) Refund amount \$ _____ Date _____

Special comments _____

Date Process _____ Staff initials _____