



# CYPRESS RECREATION & COMMUNITY SERVICES

5700 Orange Ave. Cypress, CA 90630  
Office: (714)229-6780 Fax: (714)229-6798  
www.cypressrec.com

## REFUND & TRANSFER REQUEST

Adult's Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City Zip

Day Phone (\_\_\_\_) \_\_\_\_\_ Night Phone (\_\_\_\_) \_\_\_\_\_

### REFUND

Participant's Name \_\_\_\_\_  
First Last

Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_

Reason for Refund \_\_\_\_\_

\*\$5 administrative fee per class will be deducted. Request must be submitted before the second class meeting. For one-day courses, office must receive request 48 hours before class starts. Refunds take 3-4 weeks to process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TRANSFER

Participant's Name \_\_\_\_\_  
First Last

FROM: Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_

TO: Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Fee \$ \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR STAFF USE ONLY

Approved \_\_\_\_\_ (initials) Refund Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Special Comments \_\_\_\_\_