

City of Los Altos Parks & Recreation Refund/Transfer Request Form

Name of Person	Requesting Refu	und/Transfer:				
Select One: (Pare	nt/Guardian signatu	re required if partic	ipant is under .	18 years)		
Participa	nt Pa	arent	Guardian			
Address:				Phone:		
	Date:					
Reason for Requ	esting Refund/C	redit/Transfer:				
Schedule				Dissatisfi	ed with Class	*
Medical Reason (Doctor's Note Required			Other:			
	sfied with a class or ly monitor our prog	an instructor, we we rams to ensure we a	ould appreciate are offering hig	e if you wou h-quality pr	Id complete the ograms for our	comment section below. We community.
<u>Refunds:</u> (see Policy listed on second page) Participant Name 1) 2)			Activity Name			
Refund Options:	:					
Check (2	– 4 week turnard	ound time)				
Account	Credit for future	payment(s)				
	Participant Name	2				Start Date
Transfer from:						
OFFICE USE ONL Issue As: Reciept #:	Y Refund	Transfer Processed by:				ited: \$ Date:



City of Los Altos Parks & Recreation Refund/Transfer Request Policy

REFUNDS AND TRANSFERS

Refund and transfer requests must be submitted in writing up to the day prior to the second session of class. Requests can be submitted via this form in the following ways:

- Email: <u>rec-info@losaltosca.gov</u>
- Mail: 97 Hillview Avenue, Los Altos, CA 94022
- In-Person: Los Altos Community Center, 97 Hillview Avenue, Los Altos, CA 94022
- Fax: (650) 947-2738

No refunds or transfers will be given after the day prior to the second session of class.

REFUNDS

Refunds will be charged a \$20 administrative fee.

TRANSFERS

Transferring from one class to another is permitted without an administrative fee as long as the Parks & Recreation department is notified (via this form) up to the day prior to the second session of class.

ACCOUNT CREDIT

Account credit can be applied (from refunds/transfer balances) to your Los Altos CivicRec account to be used for future classes, programs, or rentals.