

City of Milpitas Recreation and Community Services Refund/Transfer Request

This form can be submitted in person, by mail (457 E. Calaveras Blvd., Milpitas, CA 95035) or fax (408) 586-3295. Requests for Refunds/Transfers will not be accepted over the phone.

Name of Person Requesting Refund/Transfer: _____

Participant Parent Guardian (Parent/Guardian signature required if participant is under 18 years)

Address: _____ **Phone ()** _____

Signature of Person Requesting Refund/Transfer: _____ **Date:** _____

Reason for Requesting Refund/Credit/Transfer:

Conflict with Schedule Out of Town Moving
 Medical Reason (doctor's note) Dissatisfied with class* Other _____

Reason _____

*If you were dissatisfied with a class or an instructor, we would appreciate it if you would complete the Reason section above, or an evaluation form. We strive to continuously monitor our programs to ensure we are offering high quality programs for the community.

Refunds/ Credits:	Participant Name	Activity Name	Activity Code
1) _____ <i>(See Policy listed in current Activity Guide)</i>	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Class Transfers: *(See Policy listed in current Activity Guide)*

	Activity Code	Participant's Name	Activity Name	Start Date	Cost
Transfer From	_____	_____	_____	_____	_____
Transfer To	_____	_____	_____	_____	_____
Transfer From	_____	_____	_____	_____	_____
Transfer To	_____	_____	_____	_____	_____

A \$10 transfer fee is required for all class transfers.

Please provide your payment information if the course being transferred into is a higher price and/or for the required \$10 transfer fee.

I authorize the use of my:			
Name as it appears on card: _____			
Card #: _____			
Expiration Date: Month _____		Year _____	CVC # _____
Signature: _____			Date: _____

Office Use Only:

Issued as (circle one): Refund Credit Amount Refunded/Credited/Paid: \$ _____
 Voucher # _____ Computer Entry by: _____ Date _____
 Misc.: _____