

# REGISTRATION REFUND/TRANSFER

457 E. Calaveras Blvd. Milpitas, CA 95035  
Phone: (408) 586-3210 Email: [community\\_center@milpitas.gov](mailto:community_center@milpitas.gov)  
[www.milpitas.gov/recreation](http://www.milpitas.gov/recreation)



Recreation and  
Community Services

## CUSTOMER INFORMATION

Requestor's Name:  Parent/Guardian  Participant

Address: City: Zip:

Main Phone: Alt. Phone:

Email: Date of Request:

## REASON FOR CANCELLATION/TRANSFER

<input type="checkbox"/> Schedule Conflict	<input type="checkbox"/> Out of Town	<input type="checkbox"/> Moving
<input type="checkbox"/> Medical Reason (doctor's note attached)	<input type="checkbox"/> Dissatisfied with class*	<input type="checkbox"/> Other: _____

\*Please provide feedback, so we can address your concerns.

## REFUND REQUESTED

Participant Name	Program Start Date	Activity #	Activity Name	Activity Fee
				\$
				\$
				\$
				\$
<b>Refund Request Subtotal</b>				
<b>Service Fee</b>		# Activities Refunded:	x \$10 Service Fee	\$
<b>Total to Be Refunded</b>				

## TRANSFER REQUESTED

Participant Name		Activity #	Activity Name	Program Start Date	Activity Fee
	From:				\$
	To:				\$
	From:				\$
	To:				\$
<b>Transfer Request Subtotal</b>					
<b>Service Fee</b>		# Activities Transferred:	x \$10 Service Fee		\$
<b>Total to Be Refunded or Amount Owed</b>					\$

## CREDIT CARD PAYMENT

Name as it appears on card:

Card #:

Exp. Date (Month/Year): CVV#:

Signature: Date:

Please provide your payment information to cover the cost difference for transfer and/or the \$10 service charge per class.

Participant/Parent/Guardian Name (Print) \_\_\_\_\_

Participant/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE  
USE ONLY Staff

Date Rec'd

Credit on account

Resident

Non-Resident

Rct.#

REV 02/24

**CITY OF MILPITAS**  
**RECREATION AND COMMUNITY SERVICES DEPARTMENT**  
**REFUND/CANCELLATIONS & TRANSFERS**

## Refund/Cancellations

In order to receive a refund check, you must submit the Refund/Transfer Request Form to the office ten calendar days prior to the first Class/Camps. "Class" shall mean all of the meetings for each separate activity per session.

- A \$10 service charge is withheld from each Class/Camps you are requesting a refund for. Material fees are non-refundable if you cancel/transfer out of the class.
- Please Note: If your class payment was made with a credit card, refunds cannot be credited back to the credit card.
- Allow up to 30 days to receive refund check in the mail.
- All transaction fees are non-refundable.
- Should a Class not meet its minimum number of students within three days of starting, it may be cancelled, and a refund minus transaction is issued.

## Transfers

Transferring from one Class to another Class is permitted with a \$10 processing fee, as long as the office is notified with a Refund/Transfer Request Form seven calendar days prior to a Class starting.

## ADDITIONAL REFUND REQUESTED

Participant Name	Program Start Date	Activity #	Activity Name	Activity Fee
				\$
				\$
				\$
				\$
				\$

### ADDITIONAL TRANSFER REQUESTED