



**PROGRAM/ACTIVITY REFUND/TRANSFER
REQUEST FORM**

All refunds/transfers will be subject to a \$5 administrative fee per person per class.

Participant First Name: _____ Last Name: _____

Name of Parent /Guardian **if not** Participant: _____

Address: _____

Day Phone: _____ Eve Phone: _____

Current Program/Activity: _____

Current Class Date: _____ Time: _____

If Transferring - Requested Program/Activity: _____

Requested Class Date: _____ Time: _____

Reason refund requested: _____

If a refund is granted a check will be issued or credit to your account:

_____ Credit to Account _____ Refund by Check

Participant/Parent Signature _____ Date _____

***** IMPORTANT: PLEASE READ *****

Yuba County Recreation Refund Policy:

Refunds are gladly made if requested at least (3) working days prior to the first date of class unless doing so drops class enrollment below minimum. All refunds/transfers will be subject to a \$5 administrative fee per person per class.

If you are not satisfied with your class, you must contact us within 24 hours after your first class meeting and we will process a refund. No refunds will be given after the second class or for services already rendered.

Transfers may not be given if doing so drops course enrollment below minimum. All refunds are subject to the approval of the supervisor in charge of the program/activity.

If receiving a refund please allow (4) weeks for your refund to be processed.

----- Department Use Only -----

Approved _____ Not Approved _____ Reason: _____

\$5 Admin Fee Attached _____ Take \$5 Admin Fee Out of Refund _____

Signature of staff taking request: _____