



City of Manhattan Beach
Parks & Recreation Department

Transfer / Refund Request Form

Main Contact Information		
First Name:	Last Name:	
Primary Phone Number:		
Street Address:		
City:	State:	Zip Code:
Signature:		Date:
<input type="checkbox"/> Transfer Request		
Participants First Name:	Last Name:	
Withdrawing From (activity name or number):		
Transferring Into (activity name or number):		
Reason for Transfer:		
<input type="checkbox"/> Refund Request		
Participants First Name:	Last Name:	
Activity Name:	Activity Number:	
Reason For Withdrawal:		
Parks and Recreation Department Use Only		
Received by:	Date:	
Registration Staff Notes:		
Approved Refund Amount:		
\$ _____ Activity Fee / Original Charged		
\$ _____ Prorated Amount / Fees		
\$ _____ Total Refund		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:	
Supervisor Name:	Receipt #:	
Reason for disapproval:		