



**City of Manhattan Beach**  
**Parks & Recreation Department**

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# Transfer / Refund Request Form

<b>Main Contact Information</b>		
First Name:	Last Name:	
Primary Phone Number:		
Street Address:		
City:	State:	Zip Code:
Signature:		Date:
<input type="checkbox"/> <b>Transfer Request</b>		
Participants First Name:	Last Name:	
Withdrawing From (activity name or number):		
Transferring Into (activity name or number):		
Reason for Transfer:		
<input type="checkbox"/> <b>Refund Request</b>		
Participants First Name:	Last Name:	
Activity Name:	Activity Number:	
Reason For Withdrawal:		
<b>Parks and Recreation Department Use Only</b>		
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:		