



**CITY OF NOVATO  
PARKS & RECREATION**

922 Machin Ave. | Novato, CA 94945  
Phone: 415-899-8290 or 415-899-8279  
Fax: 415-897-0239 or 415-897-6395

**No Transfer or Refund will be processed without a completed request form.**

**Request for:**      **Transfer**  
                                  **Refund**

**Refund and Transfer Policies:** If you enroll and then cannot attend, it is possible to request either a transfer or a refund. If you choose to transfer, we will apply the amount of your enrollment fee to any course you select. If you prefer to receive a refund, refer to the refund policy in the current issue of the Novato Visions/Activities Guide to complete this request.

Requested by \_\_\_\_\_ Date: \_\_\_\_\_  
(Name if different from enrollees)

Enrollee Name: \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

**Currently Enrolled in:**

Activity Code	Course Name	Begin Date	Receipt Number
1.			
2.			

Reason for refund/transfer: \_\_\_\_\_

**For Office Use Only:**

√	METHOD OF PAYMENT (Check One)		
	<input type="checkbox"/> Visa	Amount Paid:	\$
	<input type="checkbox"/> MasterCard	Program Registration Fee	\$( 8.00 )
	<input type="checkbox"/> Cash	Processing Fee:	\$( )
	<input type="checkbox"/> Check	Fee for Classes Occurred	\$( )
	<input type="checkbox"/> Financial Aid	10% Late Cancellation Fee:	\$( )
		Non-refundable Fee(s) (materials)	\$( )
		Class Transfer to	\$( )
		<b>Amount of Refund:</b>	\$

**Requesting Transfer to:**

Activity Code	Course Name	Begin Date	Receipt Number	Fees Paid
1.				
2.				

A confirmation receipt will be mailed to you upon completion of your request. Do not assume that your request has been processed until you have received confirmation.