



TRANSFER/REFUND REQUEST FORM

City of Hermosa Beach • Community Resources Department
710 Pier Avenue, Hermosa Beach, CA 90254
(310) 318-0280 • hbconnect@hermosabeach.gov

ACCOUNT INFORMATION

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

A Refund/Transfer Request Form must be submitted for all refund requests in person or via email to hbconnect@hermosabeach.gov.

Class Refund Policy: Class refunds must be requested prior to the second class meeting date. No refunds will be given to individuals that register for a class after the first meeting. A refund service charge will be withheld per class, per participant.

Camp Refund Policy: Camp refunds must be requested at least seven days prior to the start of camp. A refund service charge will be withheld per camp, per participant.

Valley Park Day Camp Policy: All Valley Park Day Camp refund requests must be submitted by the Monday prior to the start date of the requested week of camp. Any refund requests made after the stated date will only be approved if staff are able to fill the vacant space with a participant from the waitlist. If staff are unable to fill the space, the refund request will be denied.

Excursion Refund Policy: Excursions are not eligible for refunds. Tickets are transferrable.

I understand there is a \$16 administrative fee for each refund request per activity and registrant. Initial Here: ____

TRANSFER REQUEST:

	Participant Name	Class #	Class Name	Start Date	Class Fee
From					
To					

REFUND REQUEST:

Participant Name	Class #	Class Name	Start Date	Class Fee

Reason for request: _____

Signature: _____ Date: _____

If transferring classes/activities, please include payment information for any difference in class/activity cost.

PAYMENT: Visa MasterCard Discover AMEX

Card Number: _____ Expiration Date: _____

Card Security Code: _____ **the last 3 digits of the number on the signature strip located on the back of your card.*

Card Holder Signature: _____