



Recreation Department, 7007 Moeser Lane, El Cerrito, CA 94530

SCHEDULE CHANGE, TRANSFER OR CANCELATION FORM

Participant's Name: _____

Parent/Guardian Name: _____ Phone # _____

Email (to receive confirmation): _____

PROGRAM NAME: _____

Schedule Change

Days & Times Requesting: _____

Days & Times Canceling: _____

Transfer

Currently Enrolled In: _____

Transfer Enrollment To: _____

Program Cancellation

Please cancel enrollment in: _____

REASON FOR CHANGE:

PREFERED EFFECTIVE DATE: _____

*Note the City of El Cerrito **requires 2 weeks notice** for schedule changes, transfers and program cancellations. **Applicable charges will apply** for schedule changes, transfers and cancellations.

In the case that you receive a refund please select your preferred refund option:

Check (takes 2-4 weeks)

Household Credit (To use for future registrations)

I understand that filling out this form does not guarantee the approval of my request. I understand that the City of El Cerrito requires 2-weeks notice for any change/transfer or cancelation.

Signature: _____ Date: _____

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OFFICE USE ONLY

Cancelation Fee \$ _____ Transfer Fee \$ _____ Change Fee \$ _____

Staff Signature: _____ Date: _____

Comments: