



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)  
 Credit Card on File

**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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**STAFF USE ONLY**

Cancelation Fee \$ \_\_\_\_\_ Transfer Fee \$ \_\_\_\_\_ Change Fee \$ \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_