



Recreation & Senior Services Department

# Cancelled, Refund & Transfer Activity Form

Contract Instructor Name: \_\_\_\_\_

Activity Name/ Date: \_\_\_\_\_ / \_\_\_\_\_

Activity Number: \_\_\_\_\_

Cancel this activity? **Yes or No**

Refund all students? **Yes or No**

## Refund These Students:

\_\_\_\_\_  
Student's First and Last Name

\_\_\_\_\_  
Student's First and Last Name

\_\_\_\_\_  
Student's First and Last Name

\_\_\_\_\_  
Student's First and Last Name

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Student's First and Last Name

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Student's First and Last Name

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Student's First and Last Name

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Student's First and Last Name

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Student's First and Last Name

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Student's First and Last Name

\_\_\_\_\_  
Student's First and Last Name

\_\_\_\_\_  
Student's First and Last Name

## Transfer These Students:

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

\_\_\_\_\_  
Student's First and Last Name

Into \_\_\_\_\_  
Activity Number

By checking this box, you are approving this form. Please put your initials \_\_\_\_\_

### For Office Use Only

Staff Completing Transaction \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Please Email this form to [Recreation@newportbeachca.gov](mailto:Recreation@newportbeachca.gov)