



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

Student's First and Last Name

Student's First and Last Name

Student's First and Last Name

Student's First and Last Name

Student's First and Last Name

Student's First and Last Name

Student's First and Last Name

Student's First and Last Name

Student's First and Last Name

Student's First and Last Name

Student's First and Last Name

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