



# SEASIDE CALIFORNIA

## Activity Refund Request Form

Parks and Recreation Division  
986 Hilby Avenue, Seaside CA 93955  
831-899-6800

Household Number: \_\_\_\_\_ Participants Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Refund to be Issued to: \_\_\_\_\_ Refund Amount: \$ \_\_\_\_\_

GL Code: \_\_\_\_\_ Activity Number: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that a cancellation fee of \$7.00 is charged per person, per class. Refunds are issued based on the original payment method. Cash and check payments will be refunded via a check issued by the Finance Department. Credit card refunds will be issued to the original card that was used to pay for the class. Please allow a minimum of 7 - 10 business days to process a refund.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### (For Office Use Only)

Approved:  Yes  No

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

Date: \_\_\_\_\_

P.O. Processed: \_\_\_\_\_

Date: \_\_\_\_\_