



CITY OF TEMPE RECREATION SERVICES

Activity Transfer Request Form

3500 South Rural Road, 2nd Floor, Tempe, AZ 85282
(480) 350-5200 fax (480) 350-5058

The use of this form assumes that all information in our system is current. If an address or phone number change is required, please submit an **Address Change Form** to update this information.

Please withdraw the following participant(s) from the classes noted:

Participant Name:	_____	Course Code:	_____	To:	_____
Participant Name:	_____	Course Code:	_____	To:	_____
Participant Name:	_____	Course Code:	_____	To:	_____
Participant Name:	_____	Course Code:	_____	To:	_____
Participant Name:	_____	Course Code:	_____	To:	_____

If a negative balance (overpayment) results from this transaction, please indicate which you prefer to receive:

- CREDIT held in participant's account (If not used within 60 days, a refund will be issued)
- REFUND applied to Credit/Debit card used in original transaction (Refunds will take between 7-10 business days to process)
- REFUND by Check. Make Payable to: _____
(Check refunds will take approximately 3 weeks to process)

If the transferred class has a higher fee than the current one and no credit is available in your Registration account, then payment is due at the time of this request.

Mailing Address:

Name: _____

Address: _____

Apt., Suite, or Lot #: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____