



City of Hermosa Beach
Community Resources Department

TRANSFER/REFUND REQUEST FORM

710 Pier Avenue Hermosa Beach, CA 90254

Phone: 310-318-0280 • Email: hbconnect@hermosabch.org

Account Information:

Last Name: _____ First: _____

Address: _____ City: _____ Zip Code: _____

Day Telephone: _____ Evening Telephone: _____

Email Address: _____

I understand transfer/refund requests must be received by the Office prior to the second class meeting. *Initial Here:* ____

I understand there is a \$15 administrative fee for each transfer/refund request. *Initial Here:* ____

TRANSFER REQUEST:

Participant Name: Last Name: _____ First: _____

	Class #	Class Name	Start Date	Class Fee
From				
To				

Reason for request: _____

Signature: _____ Date: _____

REFUND REQUEST:

Participant Name: Last Name: _____ First: _____

Class #	Class Name	Start Date	Class Fee

Reason for request: _____

Signature: _____ Date: _____