

CITY OF EL CERRITO RECREATION DEPARTMENT  
7007 Moeser Lane, El Cerrito, CA 94530

SCHEDULE CHANGE, TRANSFER OR CANCELLATION FORM

<input type="checkbox"/> <b>Schedule Change</b>	Days of week enrolled: _____ Times enrolled: _____ Days of week requesting: _____ Times requesting: _____
<input type="checkbox"/> <b>Transfer</b>	Currently enrolled at: _____ Transfer enrollment to: _____
<input type="checkbox"/> <b>Cancellation</b>	Please cancel my enrollment at: _____
<b>Date you would like this to be effective</b> _____	

Name of site currently enrolled at: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Your Name: \_\_\_\_\_

Participant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City Zip Code

I understand that filling out this form does not guarantee the approval of my request. You will be contacted by the registrar once the change is approved.

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

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**OFFICE USE ONLY**

Cancellation Fee \$ \_\_\_\_\_ Transfer Fee \$ \_\_\_\_\_ Refund Fee \$ \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date Stamp: