Activity Transfer Request Form

Billings Parks and Recreation strives to offer the finest recreational programs available. If you are not satisfied with a program you have attended, please contact the program supervisor or our office.

Transfer Policy:

◆ All transfer requests must be submitted during business hours using this transfer recreational activity form.
◆ All transfer request must have full payment submitted with the form if there is a change in pricing due to change in activity.
   • Forms will be returned to the household if there is not full payment to cover the new activity balance.
◆ Transfers from any activity must be submitted at least 7 days before the start date of the activity.
   • Any transfer requests after 7 days will need a refund request form submitted.
◆ Transfer will be given if the department cancels the program.
◆ One transfer per person per season is allowed.
◆ Extenuating circumstances beyond the participants control may be taken into account on a case-by-case basis.
◆ Transfer forms must have the original activity code and price along with the new activity code and price.
◆ Transfer forms completed and submitted to the office will be processed no later than one business day after receiving.

Date of Application: ________________ Household Account Full Name: ________________________________

Address: ____________________________________________________________ Home Number: _______________________

City: __________________________ State: ___________ Zip: _______________ Cell Number: _______________________

Participant’s Name: ____________________________________________________________

Detailed Reason for Transfer: ____________________________________________________________

Name of Original Program/Activity/Trip: _________________________________________________

Original Activity Code: __________________________ Start Date: _______________ Activity Cost: _______________

Transfer to Program/Activity/Trip: ________________________________________________

Transfer Activity Code: __________________________ Start Date: _______________ Activity Cost: _______________

Difference in activity after transfer Cost: $ __________________________

□ Cash □ Check # __________ (payable to City of Billings) □ Master Card □ Visa □ Discover

Amount Enclosed $ __________ Card Number ___________-________-________-________

Name on Card ___________________________ Expiration Date ________/_________

I have read and understand the transfer policy in this application.

Signature: ___________________________________________ Date: ______________________

(Transfer will not be issued without required signature)

FOR OFFICE USE ONLY

□ Approved □ Denied By: _______________________________ Date: ______________________

Revised 06/21/18 mld