



# Campus Recreation

## Refund Request Form

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

Email Address: \_\_\_\_\_

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

Which item would you like a refund for (check all that apply)

\_\_\_\_\_ Fall Membership

\_\_\_\_\_ PE Locker Rental

\_\_\_\_\_ SEFCU Locker Rental

\_\_\_\_\_ Group Exercise Pass

\_\_\_\_\_ Outdoor Pursuits Trip

Reason for refund request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For accepted refund requests on items that were purchased with a check or money order, you will be required to provide your social security number.

Patrons will be contacted within 5 business days of their request with refund approval/denial.

### For Office Use Only

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

Membership Cancellation Date: \_\_\_\_\_

Refund Request Date: \_\_\_\_\_

Locker Cancellation Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Group Ex Cancellation Date: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Percentage Received: \_\_\_\_\_