

REFUND REQUEST FORM

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PRINT CLEARLY

UIN #: _____ Date of Request: _____

Name: _____

E-mail: _____ Phone: _____

Address: _____

Member Non-member

Program/Service Being Refunded: _____

Amount (minus \$5 service fee): _____

Reason for Refund:

** must provide appropriate documentation for refund (GF pass, relocation paper, Dr. note, etc.)*

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OFFICE USE ONLY

Approved Denied

Amount: _____ Approved by: _____

Date: _____ Original Receipt #: _____ Original Terminal: _____

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ORIGINAL PAY TYPE (please provide receipt)

Cash Check

Credit Card #: _____ Exp.Date: _____

Campus Recreation makes every effort to be accessible to all abilities. If you need special accommodations for this facility and/or program, please contact us at campusrec@illinois.edu.

