

REFUND REQUEST FORM



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 a refund (group fitness pass receipt, relocation paper, doctor's note, receipt, etc.)*



OFFICE USE ONLY

Approved Denied

Amount: _____ Approved By: _____

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



ORIGINAL PAY TYPE (please provide receipt)

Cash Check

Credit Card #: _____ Exp.Date: _____