



REFUND REQUEST FORM

PLEASE NOTE: This is a *request* for a refund, not a *guarantee* a refund will be issued.

Refunds may be issued for the following circumstances:

1. Upon a doctor's order, you cannot participate in physical activity for an extended period of time.
2. You no longer meet eligibility requirements.

DOCUMENTATION FOR PROOF OF MOVE, MEDICAL CONDITION OR EXTREME CIRCUMSTANCE REQUIRED.

- With proof, a pro-rated refund minus a processing fee may be issued.
- Processing fee is 15% or \$15, whichever is the lesser amount.
- Refunds only granted for \$25 or more after processing fee.
- Expect to receive check in the mail 4—6 weeks after approval of Refund Request Form.

ADDRESS FOR CHECK TO BE MAILED

FIRST NAME	LAST NAME
HOME STREET ADDRESS	HOME CITY, STATE ZIP CODE
PRIMARY PHONE #	SECONDARY PHONE #
E—MAIL	

CHECK SERVICE TO BE REFUNDED:

MEMBERSHIP
 LOCKER
 GROUP FITNESS*
 PERSONAL TRAINING
 RECSPORTS
 OTHER: _____

**GROUP FITNESS CLASS PACKAGE STICKER REQUIRED TO BE RETURNED.*

REASON FOR REFUND

MEMBER'S SIGNATURE	DATE
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SUBMIT COMPLETED REFUND REQUEST FORM BY:

1. In—person at the Recreation Center—Weekdays 5:30AM—10PM, Saturdays 8:00AM—8:00PM or Sundays 10:00AM—8:00PM
2. E—mail to REC@uth.tmc.edu

FRONT DESK USE ONLY

DATE RECEIVED	STAFF INITIALS
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ADMINISTRATION USE ONLY

PROOF IS REQUIRED AND MUST BE ATTACHED!

ORIGINAL AMOUNT PAID	AMOUNT USED
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EXPLANATION

SUPPLIER ID #	TOTAL AMOUNT REFUNDED
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STAFF	DATE
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