REFUND REQUEST FORM

Please Print

Name:________________________________________ Date:__________________

Address:____________________________________________

City:___________________ State:___________ Zip:__________________

netID: (jsmith1)________________ Phone:____________________

Order Number:
*Required - Located on the email confirmation/receipt

The order number **must be written on this form** for refund to be processed. Failure to include the order number will result in the refund process being delayed. All requests must be received by midnight of the following days:

Refund requests can be facilitated by:
1. Submitting Refund Form to Front Desk at Rolfs Sports Recreation Center
2. Send Refund Form via campus mail to: RecRegister Refund
   RecSports – RSRC
3. Fax to: (574) 631-4818

Class Refund Information

Class Name(s):________________________________________

Day(s) of the Week:_____________________________________

Class Time(s):__________________________ Total Amount of Refund: $_____

Payment Method

☐ Credit Card  * Refund will be issued to credit card after approval. DO NOT include credit card number
☐ Cash or Check  * Once approved, you will receive a refund in 2-3 weeks in the form of a check.

Reason For Refund Request
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature:________________________________________ Date:__________________

For Office Use Only

Date Rec’d: ___________ SKU Number: ________________ Staff Initials: ________________

Refund Applied? ☐ Yes ☐ No Refund Amount: $___________