



REFUND REQUEST FORM

FITNESS CLASSES ONLY

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:

Full Refund: Through 2/3/2008
Half Refund: Through 2/29/2008
No Refund: As of 3/1/2008

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: \$ _____