

# 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: \_\_\_\_\_