

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 with documentation:

- Upon a doctor's order, you cannot participate in physical activity for more than 30 days of your valid membership.
- You no longer meet eligibility requirements.
- If request is for less than 30 days of a valid membership, please submit the Medical Freeze Form instead.

Refund Requests must also meet these requirements:

- With documentation of leave, a pro-rated refund minus a 25% processing fee may be issued.
- 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
Street Address (for check to be mailed.)	City, State, Zip Code
Primary Phone #	Secondary Phone #
Email	
Check service to be refunded:	
<input type="checkbox"/> Membership <input type="checkbox"/> Locker <input type="checkbox"/> Personal Training <input type="checkbox"/> REC/SPORTS <input type="checkbox"/> Other: _____	
Reason for Freeze (<i>Documentation must be emailed with this form.</i>)	
<input type="checkbox"/> Upon a doctor's order, I cannot participate in physical activity for more than 30 days. <input type="checkbox"/> I no longer meet eligibility requirements.	
Member's Signature	Date

Submit completed Refund Request Form *with documentation of leave* by email only: REC@uth.tmc.edu
Without documentation, all Refund Request Forms will automatically be denied.

ADMINISTRATION USE ONLY		
Date Received	Staff Initials	
Original Amount Paid	Amount Used	
Total Amount Refunded (Including 25% Processing Fee)	Staff Initials	Date Processed