



COVID-19 CLOSURE FORM: MEMBERSHIP RETURN OPTIONS

- The REC closed March 14th, 2020. **To help expedite this process, please return form before Reopening Day.**
- If written notice is not received within 30 days of reopening, the EFT 1-month credit and/or the applicable extension days will be automatically applied to your membership.
- Please choose one of the following options which will be effective the 1st day of reopening.
- **All cancellations require written notification and no refunds or extensions due to COVID-19 will be granted after 30 days of reopening.**

MEMBER INFORMATION

FIRST NAME	LAST NAME	RC#
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PLEASE CHOOSE 1 OPTION

<input type="checkbox"/>	I will be returning! Please extend my membership for the eligible number of days upon reopening. <i>Eligible # of days is how long your membership was active during the closure, not necessarily the entire length of the closure.</i>
<input type="checkbox"/>	I will be returning, but at a later date to be determined when I feel comfortable. I will submit this form within 30 days of reopening or my membership will be automatically extended for eligible days at that time.
<input type="checkbox"/>	I will <u>not</u> be returning and want to cancel my Electronic Funds Transfer (Bank Draft.)
<input type="checkbox"/>	I will <u>not</u> be returning, cancel my membership, but I do not need a refund. <i>Please consider my previous payment as support of the staff, programs and facility during this time.</i>
<input type="checkbox"/>	I will <u>not</u> be returning and I would like a refund. (Please complete address in section below.)

REFUND REQUEST ONLY (Expect to receive check in the mail 4 - 6 weeks after processing.)

ADDRESS FOR CHECK TO BE MAILED (INCLUDING APT #)	
CITY, STATE ZIP CODE	PRIMARY PHONE #
E-MAIL	
CHECK SERVICE TO BE REFUNDED:	
<input type="checkbox"/> MEMBERSHIP <input type="checkbox"/> LOCKER <input type="checkbox"/> GROUP FITNESS <input type="checkbox"/> PERSONAL TRAINING <input type="checkbox"/> RECSPTS <input type="checkbox"/> OTHER: _____	

PLEASE MAKE SURE YOU'VE SELECTED AN OPTION ABOVE AND SIGN BELOW!

MEMBER'S SIGNATURE	DATE
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SAVE DOCUMENT AND E-MAIL COMPLETED COVID-19 CLOSURE FORM TO: REC@uth.tmc.edu

ADMINISTRATION USE ONLY

ORIGINAL AMOUNT PAID	AMOUNT USED
EXPLANATION	
SUPPLIER ID #	TOTAL AMOUNT REFUNDED
STAFF	DATE