

REC SPORTS ACTION REQUEST

Please fill out this form completely. Attach supporting documentation and submit to the Cal Rec Club Office.

- ☐ **Suspension** CRC Membership: Alumni or Community Long-Term only
- ☐ **Cancellation** CRC Membership: Alumni or Community Long-Term only
- ☐ **Change** CRC Membership Type from _____ to _____
- ☐ **Refund** ☐ Within 72 hours from purchase date
☐ Medical Emergency

POLICIES

Cal Rec Club Membership:

Contract refund requests must be **received** by the Cal Rec Club office within 72 hours from purchase date (not including University holidays). All passes, permits and membership cards must be returned to the Cal Rec Club office. Cancellation and suspension requests must be received a minimum of 30 days prior to the affected date. Reactivation fees apply for suspended memberships.

Cal Aerobics, CalFIT, Cal Massage Therapy, and One-On-One Fitness:

All Cal Aerobics, Cal FIT, Cal Massage Therapy and One-On-One Fitness purchases are non-refundable and non-transferrable. Extension or credit requests will be considered for medical emergencies only. Please provide supporting medical documentation.

First Name _____	Last Name (print legibly) _____	Member/Card # _____
Mailing Address _____	City, State & Zip Code _____	
Email Address _____	Day Phone # _____	Evening Phone # _____
Signature _____	Today's date _____	UC ID# (Employee # or Student ID #) _____

Please use this space to provide any additional information regarding your request. (please use the reverse side for additional space, if necessary)

The Cal Rec Club will contact you with a response in approximately 1-2 weeks.

For Office Use Only

SUPPORTING DOCUMENTATION MUST BE ATTACHED BEFORE ACCEPTING REQUEST

Form received by: _____ Receipt Number: _____

Budget Mgr's Signature: _____ Comments: _____

(circle one) Approved / Denied TOTAL REFUND AMOUNT APPROVED: \$ _____

CREDIT SLIP ISSUED AMOUNT APPROVED: \$ _____

- ☐ Patron Contacted (date/initial) _____
- ☐ Refund Log Updated (date/initial) _____

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- ☐ Credit Card Refund
- ☐ Check Refund
- ☐ CARS Refund
- ☐ Other: _____
date: _____

Vendor # _____

F-O _____ / _____

Date Received: _____