

## STUDENT RECREATION COMPLEX

One University Circle • Turlock, CA 95382 (209) 667-3705

## SRC REQUEST FOR REFUND

Date of Request	_			
Last Name		First Name	MI	
Warrior ID (if applicabl	e) Phone Numb	er	Email	
Type of refund (check only one)				
Membership (faculty, staff an alumni only)  OA Trip:				
			Date(s):	
REFUND POLICY  • A one month member	ership cannot be refund	REFUND POI ded. All trip balance	es are due during sign-up or prior to the pre-trip meeting	
<ul> <li>No refunds shall be issued for any given month after the first day of that month regardless of number of visits that month. Members purchase the right to enter the SRC during all open hours; whether they do so or not. Failure to visit the SRC is not acceptable justification for a refund.</li> <li>Memberships that are paid for in full and later cancelled before the end date will be subject to paying for the amount equal to the 1-month membership charge times the number of months</li> </ul>		of writing one but receive a refut ours; less \$20.00 as the be issued after trip to another ter ct to In the event ours; less \$20.00 as the less \$	(whichever is stated). Notice of registration cancellation must be in writing one business day prior to the registration deadline in order to receive a refund. Refunds will be less 20% of the full registration fee or less \$20.00 as a cancellation fee, whichever is higher. No refunds will be issued after the registration deadline. Requests to transfer from one trip to another will be considered a cancellation.  Medical Cancellation In the event of a cancellation due to medical reasons and upon receipt of a written statement from a doctor attesting inability to participate on	
	administration charge for	the trip, Outdo \$10.00, which	oor Adventure will retain 10% of the full registration fee or ever is greater, as a cancellation fee. The remaining	
Reason for refund :		balance will be	e returned as a refund.	
I have read and understand the above refund policy.				
Signature			Date	
Forms are turned in at the SRC Fitness Center. You will be contacted by email once your form is processed.				
		OFFICE USE O	NLY	
Approved				
Denied	Director Signatu	re	Date	
Denial Explanation				
Memberships	Amount Paid			
-	Amount Used			
- \$40.00	Administrative fee			
\$	Refund Due	Re	ceived by (SRC staff initials):	