



Intramural League Refund Form

CANCELING PARTICIPANT INFORMATION

Original Form of Payment: Cash/Check Credit/Debit Card Amount Paid: _____

Name: _____ Phone: _____

Cal Poly E-Mail (**Required**): _____

Optional E-Mail for refund confirmation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I have read and reviewed the cancelation policies located online. I am aware that there is a deadline to submit request for refund and that there might be a 20% administrative fee assessed.

Signature: _____

PARTICIPANT INTRAMURAL LEAGUE INFORMATION

Sport: _____ Division: _____ League: _____

Order Number: _____ Reason for Refund: _____

Staff Use Only

DO NOT WITHDRAW PARTICIPANT - Accounting only

- Sport Supervisor notified Date: _____ FLS: _____
- IM Supervisor verified transaction in POS software Date: _____ FLS: _____
- Assess 20% Admin fee Coordinator - Rec. Sports Initials: _____
- Accounting Dept. received form Date: _____ Initials: _____
- Accounting Dept. sent request to Director Date: _____ Initials: _____
- Accounting Dept. refunded & emailed participant Date: _____ Initials: _____

Coordinator's Signature of Approval: _____ Date: _____

Associated Students, Inc. Contact Information

Coordinator - Recreational Sports: Sean Pellerin 805 756 7501 spelleri@calpoly.edu

Accounting Department Contact: 805 756 5803 tkinderk@calpoly.edu