

Intramural 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 INFORMATION

Sport: _____ Division: _____ League: _____

League Order Number: _____ Reason for Refund: _____

Staff Use Only

DO NOT WITHDRAW PARTICIPANT - Accounting only

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

Coordinator's Signature of Approval: _____ Date: _____

Associated Students, Inc. Contact Information

Intramural Sports 805 756 6044 imsports@calpoly.edu

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

Submit completed form to the front desk at the Cal Poly Recreation Center.