ASI INTRAMURAL SPORTS

REFUND FORM

CANCELING PARTICIPANT INFORMATION

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

Sport: _____ Division: _____ League: _____

Order Number: _____ Reason for Refund: _____

Name: _____ Phone: _____

Cal Poly email (Required): _____

Optional email 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 percent administrative fee assessed.

Signature: _____ Date: _____

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

STAFF USE ONLY

DO NOT WITHDRAW PARTICIPANT (Accounting will withdraw)

☐ Sport Supervisor notified Date: _____

☐ Fusion Invoice # _____

Assess 20% Admin fee ☐ Yes ☐ No Coordinator – ASI Recreational Sports initials: _____

Refund amount $ _____

Paid by credit card ☐ Yes ☐ No

Paid by cash ☐ Yes, PRF attached ☐ No

☐ Accounting department received form Date: _____ Initials: _____

☐ Accounting department refunded & emailed participant Date: _____ Initials: _____

Coordinator's Signature of Approval: _____ Date: _____

Director's Signature of Approval: _____ Date: _____

Contact Information for Associated Students, Inc,.
Email ASI Intramural Sports[i] or call 805-756-6044
Email ASI Accounting[ii] or call 805-756-5803

[i] Email Intramural Sports asi-imsports@calpoly.edu

[ii] Email Accounting asiaccountspayable@calpoly.edu

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