Campus Recreation
Cancellation/Refund Request Form

Please be aware by completing this form a REFUND is NOT GUARANTEED.
Refunds are reviewed by the Campus Recreation staff member responsible for the program area to determine if you qualify for a refund based upon the program's refund policy.

Faculty/Staff ☐ Student ☐ Guest ☐ UNL ID# ☐☐☐☐☐☐☐☐ NU ID# ☐☐☐☐☐ Issue #
(required for NCard refund-all 13 digits)

Primary Member's Name: _____

Address refund should be mailed to: _____

City: _____ State: _____ Zip: _____ Home phone: _____

E-Mail: _____

Please check for whom you are requesting refunds:

☐ Yourself (primary member)
☐ Spouse / Collateral Dependent Name _____
☐ Dep. Child name _____ ☐ Dep. Child Name _____
☐ Dep. Child Name _____ ☐ Dep. Child Name _____

Please check all item(s) you wish to cancel and provide the necessary information:

☐ Membership
☐ Locker rental Locker # _____ Locker Holder's Name _____
☐ FitCard
☐ YogaPass
☐ Instructional class Class name _____
☐ Intramural registration Sport name _____
☐ Outdoor trip Trip name _____
☐ Husker summer camp registration Session # _____
☐ Other _____

Please check the form of refund payment you prefer and attach the original receipt or a copy of the original receipt to this form.:

☐ Credit Card Refund (may be used if original transaction was processed with a credit card and the original card must be credited)

☐ Warrant Request/Check (may be used if original transaction was check, cash, credit card or NCard)

Signature: _____ **Date:** _____

Office Use Only: Date request received _____ Emp. Initials _____

Original payment type: (circle one) Cash Check NCard Credit Card Payroll Deduction

Original total amount _____ Original receipt# _____ Original purchase date _____

Program area rep: Refund money: ☐ Yes ☐ No Amount of refund _____

Called patron to discuss refund amount ☐ Yes ☐ No

Program area rep signature _____ Rec Trac updated ☐ Receipt # _____