



Refund Request Form

South Jordan Fitness & Aquatic Center
10866 S. Redwood Rd. South Jordan, UT 84095
801-253-5236

Date Received at SJFAC: _____
By: _____
Signature of requestor: _____

Date of Request: _____

Name of Payee: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Refund requested for:

Membership _____ Swimming Lessons _____ Recreation Program _____ Facility Rental _____ Other _____

Purchase Date: _____ Session Start Date: _____ Number of classes attended: _____

Name(s) of Participant: _____

Refund amount requested: \$ _____

Please check your preference: Refund check* _____ In-house credit to use at later time _____

*A \$10.00 fee may be assessed for administrative fees. *Refund checks can take up to two weeks for processing.

Reason for refund request:

Office Use Only

Date request reviewed: _____ Approved: _____ Denied: _____

Refund amount: \$ _____ \$10.00 Administrative Fee Applies: Yes _____ No _____

Reason for Decision:

Approved by: _____ Date: _____

Requestor contacted regarding decision: Date: _____ Time: _____

Follow up notes:

Coordinator is required to contact requestor regarding decision. Please document in Sportsman.