



Refund Request Form

South Jordan Fitness & Aquatic Center

10866 S. Redwood Rd. South Jordan, UT 84095 801-801-253-5236

Date Received at SJFAC: ____/____/____
Noted in Sportsman ____
By: _____

Date of Request: ____/____/____

Name of Payee: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

Refund requested for: Membership ___ Swimming Lessons ___ Facility Rental ___ County Transfer ___ *

Recreation Program _____ Pavilion ___ Other _____ Purchase Date: _____

Session Start Date: _____ Number of classes attended: ___ Requested Amount: \$ _____

*County Transfer: When would you like your membership to stop? Date of Request ___ March 31st, 2020 ___

Name(s) of Participant: _____

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

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

Reason for refund request:

Incomplete forms may cause a delay in refund.

Signature of requestor: _____

Office Use Only

Date request reviewed: _____ Approved: _____ Denied: _____

Refund amount: \$ _____ \$10.00 Administrative Fee applied: Yes ___ No ___

Reason for Decision:

Reviewed by: _____ Date: _____

Follow Up Notes:

