



BOSTON COLLEGE - Flynn Recreation Complex

Cancellation Request (Refund) Form

To be filled out by member/guest requesting a cancellation (please note all refunds will be prorated):

Cancellation Policy: Please refer to our web site www.bc.edu/plex - membership, for full cancellation policy. A \$25.00 Membership cancellation fee will be collected for any cancellation other termination of employment/school at Boston College. No refunds will be made on locker rentals. All refunds will be made by check.

First Name: _____ Last Name: _____

Boston College Eagle Number: _ _ _ _ _

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ E-Mail: _____

MEMBERSHIP PERIOD: _____ semester _____ academic year _____ annual _____ summer

PROGRAM (list class & session):

Reason for Cancellation/Refund request::

REQUIRED SIGNATURE: _____

For Office Use Only:
Original Transaction Date: _____ Date Cancellation Request Received: _____
Details of Transaction (method of payment): _____
Date Check Received from A/P: _____ Date Check mailed to member: _____

APPROVED BY:
Membership/Program Refund: _____ Cancellation Fee: _____ Total Refund: _____
_____, Membership Manager _____ Date
_____, Associate Athletic Director _____ Date