



**BOSTON COLLEGE – Campus Recreation  
Flynn Complex**

**Cancellation Request (Refund) Form**

*To be filled out by member/guest requesting a cancellation (please not all refunds will be prorated):*

**Cancellation Policy:** Please refer to our website [www.bc.edu/campusrecreation](http://www.bc.edu/campusrecreation) for full cancellation policy. A cancellation fee will be collected for any cancellation other than termination of employment/school at Boston College. No refunds will be made on locker rentals.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Boston College Eagle Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Refund request for: \_\_\_\_\_

Reason for Cancellation/Refund Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE: \_\_\_\_\_

**For Office Use Only**

Original Transaction Date \_\_\_\_\_ Date Cancellation Request Received: \_\_\_\_\_

Details of Transaction (method of payment): \_\_\_\_\_

Refund by: \_\_\_\_\_ check \_\_\_\_\_ credit card \_\_\_\_\_ eagle bucks

Cash Net Item Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

**APPROVED BY:**

Membership/Program Refund: \_\_\_\_\_ Cancellation Fee: \_\_\_\_\_ Total Refund: \_\_\_\_\_

\_\_\_\_\_, Membership Manager \_\_\_\_\_ Date

\_\_\_\_\_, Associate Athletic Director \_\_\_\_\_ Date