

HEALTHQUEST

FITNESS CLUB

Refund / Credit Request Form

Date: _____

Participant's Name: _____

Parent(s) Name if under 18: _____

Phone Number: _____

Employee Submitting
Request: _____

Department Submitting
Request: _____

Name of Program: _____

Refund Amount Requested: _____

Reason for Request: _____

- HealthQuest reserves the right to cancel or change program schedules due to low enrollment.
- Credit will not be given for programs cancelled by participants.
- Participants who have a doctor's note verifying missed days due to injury or illness may submit a credit request if a fee-based program does not offer make up classes.

For Director Use Only

Program/Item Description: _____

Original Fee Paid: _____

Check if \$25 Processing Fee Applicable

Total Refund to be Applied: _____

Dept Approval Signature: _____

General Manager Approval: _____

Declined

Approved

_____ Credit to account _____ Refund

For Office Use Only

Process Date: _____

Amount: _____

Method of Refund: _____

Credited to HQ Acct

Initial: _____