

**RICE UNIVERSITY**  
**The Barbara and David Gibbs**  
**RECREATION CENTER MEMBERSHIP**  
**CANCELLATION FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ E#: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Termination of payroll deduction will only be processed once a member has filled out a cancellation form.

- Faculty/Staff Individual
- Faculty/Staff & Immediate Family Member
- Faculty/Staff & Family
- Family Member Only
- Family Only

Reason for Cancellation: \_\_\_\_\_

I authorize Rice University to terminate my request for payroll deduction to pay my membership fees for the Barbara and David Gibbs Recreation Center. I understand that in doing so, I will lose my privileges as a member to this facility. Further, I understand that I will continue to be assessed fees until the beginning of the subsequent semester.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellation form must be submitted to the Recreation Center for approval.**

6100 Main St. | MS-523 | Houston, TX 77005 | Office: ext.4058 | Fax: 713.348.5329 | als5@rice.edu

**RECREATION CENTER STAFF USE ONLY**

Approval  
Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date \_\_\_\_\_