

**University of Virginia Intramural-Recreational Sports  
Payroll Deduction Authorization for Annual Memberships**

**DIRECTIONS:** To renew your annual Intramural-Recreational Sports membership and authorize payroll deduction, please complete this form and fax to 434-924-3858 or email to recsports@virginia.edu. If you have questions about your annual membership or payroll deduction, please call the Intramural-Recreational Sports Business Office at 434-924-3791. Business Office hours are: Monday – Friday, 9am – 5:30pm.

Employee Name \_\_\_\_\_ Membership \_\_\_\_\_  
First M Last

UVa E-Mail Address: \_\_\_\_\_ Department: \_\_\_\_\_ Group Exercise \_\_\_\_\_

Additional Memberships: (Circle one)

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<small>First</small>	<small>Last</small>	<small>Membership</small>	<small>Spouse</small>	<small>Dependent</small>	<small>Plus One</small>	<small>Youth</small>	<small>Group Exercise</small>		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<small>First</small>	<small>Last</small>	<small>Membership</small>	<small>Spouse</small>	<small>Dependent</small>	<small>Plus One</small>	<small>Youth</small>	<small>Group Exercise</small>		

**Are you nine-month faculty?** \_\_\_\_\_

I understand I have access to all Intramural-Recreational Sports facilities and activities upon receiving my email receipt. I authorize payroll deduction for purchase of an annual Recreation Membership(s) and/or Unlimited Annual Group Exercise pass from my University of Virginia paycheck at the rate established for the time period.

- Only one addition to an open deduction is allowed
- Annual membership will be deducted over the course of **ten** months
- This payroll deduction is **not** pre-taxed
- There is **no** automatic renewal

**Note: Payments for annual membership will be 10 months.**  
 Full payment is required upon termination of employment or cancellation of membership. Membership is non-transferable. Membership privileges expire upon employment termination with the University. Membership refunds will be prorated minus 15% of original purchase price for processing.

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

**Fax Form to: 434-924-3858 or email recsports@virginia.edu  
 For more information, call: 434-924-3791**



**Office Use Only**

Approved by: _____		Date submitted to payroll _____	
Full Time Employee	Annual \$312	\$ _____	(Initials)
Part Time Employee	Annual \$362	\$ _____	
Spouse	Annual \$362	\$ _____	
Dependent	Annual \$362	\$ _____	
Plus One	Annual \$362	\$ _____	
Youth (per child)	Annual \$70	\$ _____	
Unlimited Group Exercise	Annual \$255	\$ _____	
	<b>TOTAL</b>	\$ _____	

FACULTY                      STAFF                                      MEDICAL CENTER