



REFUND FORM

This section of the form to be completed by the Player.

First Name			
Surname			
Address			
Email		PHONE No	
Club & Team name:			
Reason for refund <i>E.g. injury</i>			
Applicant Signature:		DATE	

Please provide bank details for refund:

Bank: _____ BSB: _____ ACC# _____

Name: _____ Signature _____ Date _____

This section of the form to be completed by a Committee Member or Admin Staff.

CAIRNS NETBALL USE ONLY:

REFUND/TRANSFER OF FEES: APPROVED / NOT APPROVED

Amount paid to date:			
Deductions to be made: Games played, admin fee etc.			
Total amount to be refunded:			
Employee name:		DATE:	