

# REFUND FORM



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

|                                         |  |          |  |
|-----------------------------------------|--|----------|--|
| First Name                              |  |          |  |
| Surname                                 |  |          |  |
| Address                                 |  |          |  |
| Email                                   |  | Phone #: |  |
| Club & Team name:                       |  |          |  |
| Reason for refund<br><i>E.g. injury</i> |  |          |  |
| Applicant Signature:                    |  | DATE     |  |

**Please note:** Cairns Netball will not refund any season fees, unless the CLUB confirms that fees were paid in full.

**Please provide bank details for refund:**

Bank: \_\_\_\_\_ BSB: \_\_\_\_\_ ACC# \_\_\_\_\_

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

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**This section of the form to be completed by Admin Staff.**

**CAIRNS NETBALL USE ONLY:**

REFUND/TRANSFER OF FEES: APPROVED / NOT APPROVED

|                                                                |  |              |  |
|----------------------------------------------------------------|--|--------------|--|
| <b>Amount paid to date:</b>                                    |  |              |  |
| <b>Deductions to be made:<br/>Games played, admin fee etc.</b> |  |              |  |
| <b>Total amount to be refunded:</b>                            |  |              |  |
| <b>Employee name:</b>                                          |  | <b>DATE:</b> |  |

