

REFUND FORM



Applicant details:			
First Name			
Surname			
Address			
Email		Phone #:	
Club & Team name:			
Reason for refund <i>E.g. injury</i>			
Please provide bank details below:			
Bank:			
Account Name:			
BSB:		ACC #:	
Applicant Signature:		DATE	

Club Endorsement:			
<i>Cairns Netball will not refund any season fees, unless the CLUB completes the below endorsement.</i>			
Person Name:			
Position:			
Signature:		Date:	

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

OFFICE USE:			
Amount paid to date:			
Deductions to be made: Games played, admin fee etc.			
Total amount to be refunded:			
Employee name:		DATE:	
ACCOUNTS CONFIRMATION:			
REFUND:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		



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