

De-registration request form



Applicant details:			
First Name			
Surname			
My Netball #			
Email		Phone #:	
Club & Team name:			
Reason for de-registration <i>E.g. injury</i>			

If requesting a refund, 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:			
De-registration date submitted:			
De-registration date completed:			
Total amount to be refunded, less deductions:			
Employee name:		DATE:	
ACCOUNTS CONFIRMATION:			
REFUND:	Amount:		
	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		



Cairns Netball Association | ABN: 64 626 334 864

Email: opsmanager@cairnsnetball.net.au

admin@cairnsnetball.net.au

programs@cairnsnetball.net.au

Phone: 07 4051 7501 | Website: www.cairnsnetball.net.au