

South Australian Little Athletics Association



Refund Request Form

FORM ID _____ Date _____

Centre _____

Athlete Name _____

Family Name _____	Athlete Age Group _____
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Phone _____	Email _____
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Requester Name:
Requester Signature:

Tick the reason for refund and attach / outline relevant information

<input type="checkbox"/> Medical refund Doctors clearance	<input type="checkbox"/> Non-medical refund ? Outline reason
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Event: _____

Reason for Refund:

Customer Bank Details

Name on Account _____

BSB _____ Account Number _____

CENTRE USE ONLY	SALAA USE ONLY
Number of meets: _____	Number of meets: _____
\$ _____	\$ _____
Centre Fee _____	SALAA Registration _____
Less Admin Fee _____	Less Admin Fee _____
Total Centre refund _____	Total SALAA refund _____
Approved by: _____	Approved by: _____
Date: _____	Date: _____