SOUTH AUSTRALIAN LITTLE ATHLETICS ASSOCIATION

Clinic and Course Refund Request Form

Athlete Name	
Clinic / Course Name	
Clinic / Course Date(s)	
Club & Rego Number	
Age Group	
Requester Name	
Requester Phone	

Refunds will be processed to the method used for the original payment where possible. If this cannot be done, the refund will be processed to the nominated bank account below:

Is the credit card this booking was paid with still valid?	☐ Yes	☐ No	
Bank Account Name:			
BSB:Number		**Account Number**	

☐ **Medical Refund** • Outline reason for refund request below. • Attach medical practitioners' certificate / letter with period of inability to participate.	☐ **Non-medical Refund** • Outline reason for refund request below.
Reason for Refund	

Little Athletics SA Use Only	
Sessions completed / scheduled	
LASA Fee	$
Less Admin Fee	$
Total LASA Refund	$