



**Post Closing Date  
Refund Request Form  
2017-2018**

*Please allow fifteen business days for processing*

<b>Name of Show</b>		<b>Date of show</b>	
<b>Rider Name</b>		<b>Back #</b>	
<b>Class(es) to be Scratched</b>	Elementary	Rail	
	JR High	Pattern	
	SR High	Reining	
<b>Division:</b>			
<b>Team Name:</b>			
<b>Payee Name:</b>	<b>PH:</b>		
<b>Payee Shipping Address:</b>	Street Address		
	City	State	Zip Code
	<b>Amount Requested</b>		

*To be considered for an entry refund, complete this form in its entirety and attach a letter detailing the extraordinary circumstance that leads you to believe your rider should be refunded for their scratch. This form and attachment may be sent to the show manager or secretary.*

Rider Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Show Secretary Signature \_\_\_\_\_ Date of Receipt \_\_\_\_\_

Date of Request Review \_\_\_\_\_ Result Vote \_\_\_\_\_

Date of Notification of Vote \_\_\_\_\_ Method of Notification \_\_\_\_\_

Date Refund Mailed \_\_\_\_\_ Check #: \_\_\_\_\_ Initials \_\_\_\_\_