



**Pre 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>			

*A refund will be issued providing the following conditions are met:*

- This document is completed in its entirety*
- Received by the show secretary of record prior to the end of business day (5:00pm) the closing date of the entries.*

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

**Office Use Only:**

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

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