



DEVELOPMENT ASSOCIATION

Developing Tomorrows Equine Professionals, Today

Post Closing Date Refund Request Form

Rider Name: _____

Back #: _____

Class/s to be scratched: Circle all that apply.

Elementary Jr High Sr High

Division: _____

Rail Pattern Reining

Team _____

Coach's Name: _____

Email: _____

Contact #: _____

Date Submitted: _____

Amount Requested: _____

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 any board member. Their contact information can be found on the YEDA website.

Rider Signature _____ Date _____

Parent Signature _____ Date _____

Coach Signature _____ Date _____

Board Member Signature _____ Date of Receipt _____

Date of Request Review _____ Result of Vote: _____

Date of Notification of Vote: _____ Method of Notification: Email VM Phone Text

Date Refund Mailed: _____ Check #: _____ Board Member Initials _____