**Post-Closing Date**

**Refund Request Form**

**2017-2018**

***Please allow fifteen business days for processing***

***Must be filed within 10 days of the show***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Show** |  | **Date of show** |  |
| **Rider Name** |  | **Back #** |  |
| **Class(es) to be Scratched** | ElementaryJR High SR High | Rail PatternReining |
| **Division**:  |  |
| **Team Name:** |  |
| **Payee Name:** |   | **PH:** |   |
| **Payee Shipping Address:** | Street Address |
| City | State | Zip Code  |
| **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 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 \_\_\_\_\_\_\_\_