



**Pre-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	Elementary	Rail	
	JR High	Pattern	
	SR High	Reining	
Division:			
Team Name:			
Payee Name:	PH:		
Payee Shipping Address:	Street Address		
	City	State	Zip Code
Amount Requested			

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 _____