**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  | ElementaryJR High SR High | Rail PatternReining |
| **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 \_\_\_\_\_\_\_\_