**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  JR High  SR High | | | Rail  Pattern  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 \_\_\_\_\_\_\_\_